2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000015316

1. Entity Name
MICO, LLC

Principal Place of Business	Mailing Address
3440 EAST ATLANTIC BLVD. POMPANO BEACH, FL 33062	3440 EAST ATLANTIC BLVD. POMPANO BEACH, FL 33062

DO NOT WRITE IN THIS SPACE

04062004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
74-3075125
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CLARK, THOMAS M
2400 EAST COMMERCIAL BLVD., SUITE 820
FORT LAUDERDALE, FL 33308

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent.

SIGNATURE: _____ DATE: 4/13/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $30.00
Due by May 1, 2004

U00000145412
05/03/04-80025-006 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BRENNEN, MICHAEL
STREET ADDRESS	3440 EAST ATLANTIC BLVD.
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	MGRM
NAME	COMER, AILEEN
STREET ADDRESS	3440 EAST ATLANTIC BLVD.
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of this limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #