

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90070 008 ****50.00

DOCUMENT # L02000015513					
1. Entity Name SUGUIL L.C.					
Principal Place of Business 15200 BISCAYNE BLVD NORTH MAIMI, FL 33160			Mailing Address 15200 BISCAYNE BLVD NORTH MAIMI, FL 33160		
2. Principal Place of Business 16123 BISCAYNE BOULEVARD Suite, Apt. #, etc.		3. Mailing Address 16123 BISCAYNE BOULEVARD Suite, Apt. #, etc.			
City & State NORTH MIAMI BEACH, FL Zip Country		City & State NORTH MIAMI BEACH, FL Zip Country		04272004 Chg-LLC CR2E083 (10/03)	
4. FEI Number 42-1539468				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WASERTEIN, RICHARD 913 NORMANDY DRIVE MIAMI BEACH, FL 33141			7. Name and Address of New Registered Agent Name HANFLING, GUILLERMO Street Address (P.O. Box Number is Not Acceptable) 16123 BISCAYNE BOULEVARD City NORTH MIAMI BEACH, FL Zip Code 33160		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				4/27/04 DATE	
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HANFLING, GUILLERMO 15200 BISCAYNE BLVD NORTH MAIMI, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	16123 BISCAYNE BOULEVARD NORTH MIAMI BEACH, FL 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HANFLING, SUZANNE 15200 BISCAYNE BLVD NORTH MAIMI, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	16123 BISCAYNE BOULEVARD NORTH MIAMI BEACH, FL 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				4/27/04 Date Daytime Phone #	