

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 20, 2004 8:00 am**  
**Secretary of State**

05-20-2004 90282 020 \*\*\*\*50.00

<b>DOCUMENT # L02000017276</b>					
<b>1. Entity Name</b> ALFRARY, L.L.C.					
<b>Principal Place of Business</b> 290 191ST STREET SUNNY ISLES BEACH, FL 33160			<b>Mailing Address</b> 290 191ST STREET SUNNY ISLES BEACH, FL 33160		
<b>2. Principal Place of Business</b> 151 SE 7th Road		<b>3. Mailing Address</b> 151 SE 7th Road			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Homestead, Florida		<b>City &amp; State</b> Homestead, Florida		<b>4. FEI Number</b> 01-0732076	
<b>Zip</b> 33030		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> ESTEPE, ARACELYS 290 191ST STREET SUNNY ISLES BEACH, FL 33160			<b>7. Name and Address of New Registered Agent</b> Name: ESTEPE, ARACELYS Street Address (P.O. Box Number is Not Acceptable): 151 SE 7th Road City: Homestead FL Zip Code: 33030		
<b>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.</b> SIGNATURE: <i>[Signature]</i> DATE: <i>5-14-04</i>					
<b>Filing Fee is \$50.00 Due by September 8, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ESTEPE, ARACELYS 290 191ST STREET SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. ESTEPE, ARACELYS 151 SE 7th Road Homestead, Florida 33030	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. ESTEPE, ARACELYS 151 SE 7th Road Homestead, Florida 33030	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. ESTEPE, ARACELYS 151 SE 7th Road Homestead, Florida 33030	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. ESTEPE, ARACELYS 151 SE 7th Road Homestead, Florida 33030	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. ESTEPE, ARACELYS 151 SE 7th Road Homestead, Florida 33030	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. ESTEPE, ARACELYS 151 SE 7th Road Homestead, Florida 33030	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE:</b> <i>[Signature]</i>		<b>DATE:</b> 5-14-04 <b>DAYTIME PHONE #:</b> 305-248-4002			