



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90139 041 ****50.00

DOCUMENT # L02000018038					
1. Entity Name THE HOT ROD FACTORY (MIAMI), LLC					
Principal Place of Business 201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134			Mailing Address 201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134		
2. Principal Place of Business		3. Mailing Address 429 Lenox Avenue			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Miami Beach FL		4. FEI Number 43-1978515	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 33139-6532		Country		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FIELDSTONE, RONALD R 201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33131			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARRISON, ROBERT		NAME		
STREET ADDRESS	40306 FISHER ISLAND DR		STREET ADDRESS		
CITY-ST-ZIP	FISHER ISLAND, FL 33109		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			8/25/04 305 537-3200		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

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