2004 LIMITED LIABILITY COMPANY

ANNUAL REPORT:

Mailing Address

3. Mailing Address

DOCUMENT # L02000018238 SEYBOLD POINTE MANAGEMENT, LLC

Principal Place of Business

MIAMI, FL 33129

301 SW 17TH RD, 2ND FLOOR

2. Principal Place of Business

Suite, Apt. #, etc. Suite 103

HASNER, MARK M ESQ THERREL BAISDEN, P.A.

Zip 33161

MIAMI, FL 33131

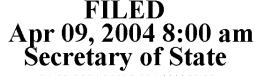
City & State North Miami, FL

1175 NE 125th Street

Country

SUNTRUST INT'L CTR, 1 SE 3RD AVE STE 2400

6. Name and Address of Current Registered Agent



s8 c				04-09-200	4 90219 014	****50.00
Mailing Address						
301 SW 17TH RD, 2ND FLOOR MIAMI, FL 33129			24038687			
. Mailing Address	***************************************					
Suite, Apt. #, etc.			02022004	Chg-LLC	CR2E083 (1	0/03)
City & State			4. FEI Number	FOR 16-1	695924	Applied For Not Applicable
Zip	Coun	try	5. Certificate of	f Status Desired		00 Additional Required
stered Agent			7. Name and	Address of New I	Registered Agent	
		Name	D O Boy Number	is Not Acceptabl		
2400		Sileer Address (I	F.O. DOX NUMBER	is Not Acceptable	ਚ <i>)</i> 	

City 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. 131 × 11 6 1 . !--SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to 1.78 Florida Department of State 1,11 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE Change 1801 SW 3RS NENUE MILO, ALBERTO JR NAME NAME STREET ADDRESS 301 SW 17 ROAD, 2ND FLOOR STREET ADDRESS MIAMI, FL 33129 CITY-ST-ZIP MIAMI, FL 33129 CITY-ST-ZIP MGRM MGRM ☐ Delete TITLE **X** Change TITLE ☐ Addition TATE, STANLEY G 1175 NE 125th Street, North Miami, FL 33161 TATE, STANLEY G NAME Suite 103 STREET ADDRESS 301 SW 17 ROAD, 2ND FLOOR STREET ADDRESS MIAMI, FL 33129 CITY-ST-7IP CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE X Change Addition MGRM KOLSKY, DEBRA SINKLE 1175 NE 125th Street NAME KOLSKY, DEBRA SINKLE NAME 301 SW 17 ROAD, 2ND FLOOR Suite 103 STREET ADDRESS STREET ADDRESS North Miami, FL 33161 CITY-ST-ZIP MIAMI, FL 33129 CITY-ST-ZIP TITLE ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ar 250 . CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 trestee empowered to execute this report as required by Chapter 608, Florida Statutes.

RIZED REPRESENTATIVE