

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019382

Entity Name: 3716 INTERSTATE, L.L.C.

FILED
Apr 30, 2004
Secretary of State

Current Principal Place of Business:

6351 N.W. 28TH WAY, SUITE A
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

6351 N.W. 28TH WAY, SUITE A
FORT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 55-0790387

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEE, DAVID H
6351 NW 28TH WAY STE A
FORT LAUDERDALE, FL 33309

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: FEE, DAVID H
Address: 6351 N.W. 28TH WAY, SUITE A
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: MGRM () Delete
Name: FEE, MICHAEL E
Address: 6351 N.W. 28TH WAY, SUITE A
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: MGRM () Delete
Name: TRIBBLE, MARK
Address: 6351 N.W. 28TH WAY, SUITE A
City-St-Zip: FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DAVID FEE

MGR

04/30/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date