


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 13, 2004 8:00 am
Secretary of State

08-13-2004 90001 024 ****50.00

DOCUMENT # L02000019740 1. Entity Name LMG AT SIX MILE-WATERMEN, "LLC"					
Principal Place of Business 8045 NW 155 STREET MIAMI LAKES, FL 33016			Mailing Address P.O. BOX MIAMI, FL 33152-0682 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address 8045 NW 155 St Suite, Apt. #, etc.		
City & State Miami Lakes, FL			4. FEI Number 55-0790234		
Zip 33016			Country US A		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			08112004 Chg-LLC CR2E083 (10/03)		
6. Name and Address of Current Registered Agent MACHADO, LUIS 10273 NW 80TH COURT, SUITE 102 HIALEAH GARDENS, FL 33016				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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 NAME STREET ADDRESS CITY-ST-ZIP	MGR MACHADO, LUIS 10273 NW 80TH CT. SUITE 102 HIALEAH GARDENS, FL 33016	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Bobby Garcia 8045 NW 155 St Miami Lakes, FL 33016	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVID KRAZGORN 8045 NW 155 St Miami Lakes, FL 33016	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVID KRAZGORN 8045 NW 155 St Miami Lakes, FL 33016	<input type="checkbox"/> Change <input checked="" 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: <u>Bobby Garcia</u> 8/11/04 (305) 828-0103 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					