

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000020286 1. Entity Name SOUTH HARBOR JOINT VENTURE LC					
Principal Place of Business 1300 S.E. 17TH STREET, SUITE 210 FT. LAUDERDALE FL 33316				Mailing Address 1300 S.E. 17TH STREET, SUITE 210 FT. LAUDERDALE FL 33316	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number <div style="float: right;">Applied For Not Applicable</div>				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent VALDES-FAULI CORPORATE SERVICES, INC. 2 SOUTH BISCAYNE BOULEVARD, SUITE 3400 MIAMI 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SANTA ANA, INC. 1300 S.E. 17TH STREET, SUITE 210 FT. LAUDERDALE FL 33316	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> <div style="text-align: center;"> L000000016093 01/28/04-80039-021 50.00 </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM AMERICAN PLAZA, INC. 1300 S.E. 17TH STREET, SUITE 210 FT. LAUDERDALE FL 33316	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MARTIN, ANDREW 1300 S.E. 17TH STREET, SUITE 210 FT. LAUDERDALE FL 33316	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WORDEN, CRISTINA 1300 S.E. 17TH STREET, SUITE 210 FT. LAUDERDALE FL 33316	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete </div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
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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: Andrew Martin 1/28/04 954-467-8299

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE