



# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

1. Entity Name <b>MOUNT VERNON, LLC</b>	L02000022396	
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Principal Place of Business <b>10750 S.W. 24TH STREET MIAMI, FL 33165</b>	Mailing Address <b>10750 S.W. 24TH STREET MIAMI, FL 33165</b>
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**DO NOT WRITE IN THIS SPACE**



03262004

4. FEI Number <b>56-2293056</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b>	

6. Name and Address of Current Registered Agent

**GARCIA, FELIX C  
C/O GARCIA ACCOUNTING & TAX SERVICE, INC.  
10750 S.W. 24TH STREET  
MIAMI, FL 33165**

**DO NOT WRITE  
IN THIS SPACE**

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 May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PST BERKENSTADT, DANIEL E 9601 COLLINS AVE., #508 BAL HARBOUR, FL 33154</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D GONEN, TZACHI 9601 COLLINS AVE., #508 BAL HARBOUR, FL 33154</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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000000104089  
04/05/04 00003-005 150.00

000000104089  
04/05/04-80083-005 50.00

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: Daniel E Berkenstadt** **4/01/04** **President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #