

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000023793

FILED  
Apr 29, 2004  
Secretary of State

Entity Name: MAYBACH 1502, LLC

## Current Principal Place of Business:

269 GIRALDA AVE  
SUITE 302  
CORAL GABLES, FL 33134

## New Principal Place of Business:

782 N.W. 42ND AVENUE  
STE. 447  
MIAMI, FL 33126

## Current Mailing Address:

269 GIRALDA AVE  
SUITE 302  
CORAL GABLES, FL 33134

## New Mailing Address:

782 N.W. 42ND AVENUE  
STE. 447  
MIAMI, FL 33126

FEI Number: 20-1061318

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GARCIA-OLIVER, ANGEL M P.A.  
269 GIRALDA AVENUE  
SUITE 302  
CORAL GABLES, FL 33134

## Name and Address of New Registered Agent:

GARCIA-OLIVER & MAINIERI, P.A.  
782 N.W. 42ND AVENUE  
STE. 447  
M, FL 33126

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: ANGEL M. GARCIA-OLIVER, ESQ.

04/29/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: ARANGO, ANA MARIA  
Address: 269 GIRALDA AVE, SUITE 302  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: ARANGO, ANA MARIA  
Address: 782 N.W. 42ND AVE., SUITE 447  
City-St-Zip: MIAMI, FL 33126

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: ANA MARIA ARANGO

MGR

04/29/2004

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