


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90041 001 ***200.00

DOCUMENT # L02000024543	
1. Entity Name METAL AT OVERLOOK, LLC	

Principal Place of Business 6333 SUNSET DRIVE SOUTH MIAMI, FL 33143	Mailing Address 6333 SUNSET DRIVE SOUTH MIAMI, FL 33143
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34000013

2. Principal Place of Business 801 NW 47 AVE	3. Mailing Address
Suite, Apt. #, etc. OFFICE	Suite, Apt. #, etc.
City & State Miami, FL	City & State
Zip 33125	Country USA



01072004 Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0805474	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SALAS, RAUL ESQ SALAS, EDE, PETERSON & LAGE, L.L.C. 6333 SUNSET DRIVE SOUTH MIAMI, FL 33143	
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 May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CALLEJA, LUIS 6333 SUNSET DRIVE SOUTH MIAMI, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALLEJA, AGRIPINA 7201 SW 77 CT MIAMI, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: Agripina Calleja, manager **1/8/04 305-270-0406**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #