

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90132 037 ****50.00

24063552



02162004 Chg-LLC CR2E083.(10/03)

4. FEI Number **02-0709844** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

MIAMI CENTER REGISTERED AGENTS, LLC
201 S. BISCAYNE BOULEVARD STE. 1700
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name Ronny J. Halperin, P.A.
Street Address 312 S.E. 17th Street, 2nd Floor
City Ft. Lauderdale, FL 33316
Zip Code FL

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 Ronny J. Halperin, Pres. Ronny J. Halperin PA DATE 3/27/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE) Registered Agent signature required when reinstating.

**Filing Fee is \$50.00
Due by May 1, 2004**

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME FINGERER, DAVID
STREET ADDRESS 312 SE 17TH STREET, SECOND FLOOR
CITY-ST-ZIP FT. LAUDERDALE, FL 33316

TITLE MGRM ☐ Delete
NAME SHULKES, MONTAIGNE
STREET ADDRESS 312 SE 17TH STREET, SECOND FLOOR
CITY-ST-ZIP FT. LAUDERDALE, FL 33316

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: [Signature] Cfo DATE 4/30/04 DAYTIME PHONE # 305-779-0564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE