2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/13/

FILED
Jun 17, 2004 8:00 am
Secretary of State

05-13-2004 90324 043 *****5.00
06-17-2004 90102 024 ****45.00

DOCUMENT # L02000026439

1. Entity Name
LITTLE FISH, L.L.C.

Principal Place of Business	Mailing Address
8180 NW 36 STREET STE. 230 MIAMI FL 33166-6645	PO BOX 143661 CORAL GABLES FL 33143

2. Principal Place of Business	3. Mailing Address
220 SW 3rd Ave	220 SW 3rd Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hallandale.	City & State: Hallandale, FL
Zip: 33009 Country: U.S.A	Zip: 33009 Country: USA

MOORE CR2E083 (11/03)

4. FEI Number 56-2302486 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CASTILLO-PLANA, KEYLA 8180 NW 36 STREET, SUITE 230 MIAMI FL 33166-6645	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 _____
Signature, typed or printed name of registered agent and title if applicable. (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	PE CASTILLO-PLANA, KEYLA PO BOX 143661 CORAL GABLES FL 33143 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	R Castillo-Plana, Keyla 220 SW 3rd Ave Hallandale, FL 33009 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	E PLANA, EMILIO PO BOX 143661 CORAL GABLES FL 33143 ☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	E Plana, Emilio Delete. ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ 04/28/01 305-297-5534
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #