

**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: 8180 NW 36 STREET STE. 230 MIAMI FL 33166-6645  
 Mailing Address: PO BOX 143661 CORAL GABLES FL 33143



MOORE CR2E083 (11/03)

2. Principal Place of Business: 220 SW 34 Ave  
 Suite, Apt. #, etc.

3. Mailing Address: 220 SW 34 Ave  
 Suite, Apt. #, etc.

City & State: Hallandale  
 City & State: Hallandale, FL

4. FEI Number: 56-2302486  
 Applied For: Not Applicable

Zip: 33009 Country: USA  
 Zip: 33009 Country: USA

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

6. Name and Address of Current Registered Agent  
 CASTILLO-PLANA, KEYLA  
 8180 NW 36 STREET, SUITE 230  
 MIAMI FL 33166-6645

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

| 9. MANAGING MEMBERS/MANAGERS  |  |
|---|--|
| TITLE: PE<br>NAME: CASTILLO-PLANA, KEYLA<br>STREET ADDRESS: PO BOX 143661<br>CITY-ST-ZIP: CORAL GABLES FL 33143 | <input type="checkbox"/> Delete            |
| TITLE: E<br>NAME: PLANA, EMILIO<br>STREET ADDRESS: PO BOX 143661<br>CITY-ST-ZIP: CORAL GABLES FL 33143          | <input checked="" type="checkbox"/> Delete |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____                                      | <input type="checkbox"/> Delete            |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____                                      | <input type="checkbox"/> Delete            |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____                                      | <input type="checkbox"/> Delete            |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____                                      | <input type="checkbox"/> Delete            |

| 10. ADDITIONS/CHANGES   |  |
|---|--|
| TITLE: R<br>NAME: Castillo-Plana, Keyla<br>STREET ADDRESS: 220 SW 34 Ave<br>CITY-ST-ZIP: Hallandale, FL 33009 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE: E<br>NAME: Plana, Emilio<br>STREET ADDRESS: Delete<br>CITY-ST-ZIP: Delete                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____                                    | <input type="checkbox"/> Change <input type="checkbox"/> 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: DATE: 04/28/01 DAYTIME PHONE #: 305-299-5534  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE