

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90074 026 ****50.00

DOCUMENT # L02000027523					
1. Entity Name FORTY PLUS VENTURES, LLC					
Principal Place of Business 501 BRICKELL KEY DRIVE 504 MIAMI FL 33131 US			Mailing Address 501 BRICKELL KEY DRIVE 504 MIAMI FL 33131 US		
2. Principal Place of Business 8140 SW 133 STR Suite, Apt. #, etc.		3. Mailing Address 8140 SW 133 STR Suite, Apt. #, etc.			
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 33-1026661	
Zip 33156		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBINSON, WESLEY M ESQ. 501 BRICKELL KEY DRIVE 504 MIAMI FL 33131			7. Name and Address of New Registered Agent Name: <u>ROLAND LUNA</u> Street Address (P.O. Box Number is Not Acceptable): 8140 SW 133 STR City: <u>MIAMI</u> <u>FL</u> Zip Code: <u>33156</u>		
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: <u>Roland Luna</u> MGRM <u>ROLAND LUNA</u> DATE: <u>7/23/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	MGRM LUNA, ROLAND 8140 SW 133RD ST MIAMI FL 33156		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICHARDSON, TOM 6411 SW 98TH ST MIAMI FL 33156		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VIDAURRETA, AUGUSTO 2817 LAKE AVE MIAMI BEACH FL 33140		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	
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	
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	
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: <u>Roland Luna</u> <u>ROLAND LUNA</u>			DATE: <u>7/23/04</u> DAYTIME PHONE: <u>(305) 496-5862</u>		