

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000029565

1. Entity Name
ALEKA INVESTMENTS, LLC



FILED

04 MAY 18 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

6122 WASHINGTON ST.
HOLLYWOOD, FL 33023

Mailing Address

PO BOX 4486
HOLLYWOOD, FL 33083-4486

2. Principal Place of Business

16300 NE 19th Ave Ste D

3. Mailing Address

Suite, Apt. #, etc.

04272004 Chg-LLC CR2E083 (10/03)

City & State

N. Miami Beach FL

City & State

4. FEI Number
57-1138198

Applied For
Not Applicable

Zip

33162

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

LEE, ANTHONY F
6122 WASHINGTON ST STE. 3
HOLLYWOOD, FL 33023

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

16300 NE 19th Ave Ste. D

City

N. Miami Beach

FL

Zip Code

33162

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

4/28/04

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME LEE, ANTHONY F
STREET ADDRESS 6122 WASHINGTON ST.
CITY-ST-ZIP HOLLYWOOD, FL 33023

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
200036529122
05/18/04--01006--005 **450.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/28/04 305-702-6300