## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L02000030517**

1. Entity Name BIMINI 4 L.L.C.

FILED
Jan 14, 2004 08:00 AM
Secretary of State

Principal Place of Business

5100 GRANADA BLVD. CORAL GABLES, FL 33146-2029 Mailing Address

5100 GRANADA BLVD. CORAL GABLES, FL 33146-2029

DO NOT WRITE IN THIS SPACE 01072004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 30-0141443 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COLL, CRISTINA 5100 GRANADA BLVD. CORAL GABLES, FL 33146-2029

## DO NOT WRITE IN THIS SPACE

<ol><li>The above named entity submits this statement for the purpose of char the obligations of registered agent.</li></ol>	riging its registered office or registered agent, or both	, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable	(NOYE, Registered Agent signature required when reinstating)	DATE

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

TITLE MGRM NAME COLL, CRISTINA	
f	-
STREET ADDRESS 5100 GRANADA BLVD	
CITY ST-ZP CORAL GABLES, FL 331462029	
TITLE MGRM	_
NAME COLL, LAUREN C	
STREET ADDRESS 5100 GRANADA BLVD	
CITY-ST ZIP CORAL GABLES, FL 331462029	
TREE	
NAME	
STREET ACCURESS	
CRY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZEP	
TITLE	_
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
JTT.	-
HANNE.	
STREET ABDRESS	
City-St-ZIP	

0000000084364 01/15/04-80009-008 50.00

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11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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: JOHN C. WI

NO TYPED OR FRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

01107/04

305.663.3035

Osyskna Phone #