2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90559 024 ****55.00

DOCUMENT # L02000032163

1. Entity Name
922, LLC

Principal Place of Business	Mailing Address
2103 CORAL WAY 302 MIAMI, FL 33145	2103 CORAL WAY 302 MIAMI, FL 33145

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

03242004 Chg-LLC CR2E083 (10/03)

4. FEI Number 38-3670259 — 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
LOPEZ, GUSTAVO 2103 CORAL WAY STE 302 MIAMI, FL 33145	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

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RINCON, ROBERTO 1990 NW 82 AVE MIAMI, FL 33126 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR JORGE LLUCH 3621 SW 37th AVE MIAMI, FL 33133 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RINCON, JUAN DIEGO 1990 NW 82 AVE MIAMI, FL 33126 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR GUSTAVO LOPEZ 2103 SW CORAL WAY, suite 302 MIAMI, FL 33145 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOPEZ, JUANITA 201 BRICKELL KEY BLVD PH6 MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUANITA LOPEZ 151 SE 15th ROAD, apt 2001 MIAMI, FL 33129 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LLUCH, JAVIER 362 SW 37TH AVE 3621 MIAMI, FL 33133 ☐ 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: _____ 03/25/04 305-285-5188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #