2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000032711

1. Entity Name
5461 GROUP LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 OCT -5 AM 11:31

Principal Place of Business	Mailing Address
9642 PINES BLVD. PEMBROKE PINES, FL 33024	9642 PINES BLVD. PEMBROKE PINES, FL 33024

09292004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
47-0914628
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

EFFIO, DIEGO
9642 PINES BLVD.
PEMBROKE PINES, FL 33024

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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)

Filing Fee is $50.00
Due by September 8, 2004

200041606262
10/05/04--01043--005 **50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	EFFIO, DIEGO
STREET ADDRESS	9642 PINES BLVD.
CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	MGR
NAME	TOVAR, JOSE ALBERTO
STREET ADDRESS	9642 PINES BLVD.
CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Tovar José A. Tovar 09/29/04 954-8851011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #