

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03142003 Chg-LLC CR2E083 (10/03)

<b>DOCUMENT # L02000033294</b> 1. Entity Name <b>MOCCA, LLC</b>																																	
Principal Place of Business <b>888 BRICKELL KEY DR APT 907 MIAMI, FL 33131</b>			Mailing Address <b>888 BRICKELL KEY DR APT 907 MIAMI, FL 33131</b>																														
2. Principal Place of Business <b>801 Brickell Key Blvd</b> Suite, Apt. #, etc. <b>1104</b>		3. Mailing Address <b>801 Brickell Key Blvd</b> Suite, Apt. #, etc. <b>1104</b>																															
City & State <b>Miami, Florida</b> Zip <b>33131</b> Country		City & State <b>Miami, Florida</b> Zip <b>33131</b> Country		4. FEI Number <b>55-0810139</b>																													
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																													
6. Name and Address of Current Registered Agent  <b>CABAL, MODESTO</b> <b>888 BRICKELL KEY DR APT 907</b> <b>MIAMI, FL 33145</b>			7. Name and Address of New Registered Agent Name <b>Cabal, Modesto</b> Street Address (P.O. Box Number is Not Acceptable) <b>801 Brickell Key Blvd #1104</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33131</b>																														
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  (NOTE: Registered Agent signature required when reinstating) DATE _____																																	
Filing Fee is <b>\$50.00</b> Due by <b>September 8, 2004</b>		Make check payable to <b>Florida Department of State</b>																															
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>MGR</b>  <b>CABAL, MODESTO</b>  <b>888 BRICKELL KEY DRIVE, UNIT 907</b>  <b>MIAMI, FL 33131</b> <input type="checkbox"/> Delete           </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>CABAL, MODESTO</b> <b>888 BRICKELL KEY DRIVE, UNIT 907</b> <b>MIAMI, FL 33131</b> <input type="checkbox"/> Delete													10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>801 Brickell Key Blvd #1104</b>  <b>Miami, FL 33131</b> </td> </tr> <tr> <td style="height: 40px;"></td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>900037346069</b>  <b>05/26/04--01056--004 **150.00</b> </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>801 Brickell Key Blvd #1104</b> <b>Miami, FL 33131</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>900037346069</b> <b>05/26/04--01056--004 **150.00</b>										
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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.  <b>SIGNATURE:</b>																																	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____																																	