2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000033721

1. Entity Name
1640 HOLDING, LLC

Principal Place of Business
1110 BRICKELL AVE.
SUITE 504
MIAMI, FL 33131

Mailing Address
1110 BRICKELL AVE.
SUITE 504
MIAMI, FL 33131

04222004 No Chg-LLC CR2E083 (10/03)

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4. FEI Number 11-3667705 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

THORNE, ROBERT
1110 BRICKELL AVE., SUITE 504
MIAMI, FL 33131

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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 _____
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

U00000144414
04/30/04-80131-003 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	THORNE, ROBERT F
STREET ADDRESS	601 BRICKELL KEY DRIVE, SUITE 802
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	MGRM
NAME	THORNE, BETTY
STREET ADDRESS	601 BRICKELL KEY DRIVE, SUITE 802
CITY-ST-ZIP	MIAMI, FL 33131
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: Robert Thorne 4/21/04 (305)424-0770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #