


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 25, 2004 8:00 am**  
**Secretary of State**

08-09-2004 90147 048 \*\*\*\*50.00

<b>DOCUMENT # L02000034620</b> 1. Entity Name 19355 TURNBERRY WAY #4B, LLC					
Principal Place of Business 19500 TURNBERRY WAY, APT. 7A AVENTURA, FL 33180			Mailing Address 19500 TURNBERRY WAY, APT. 7A AVENTURA, FL 33180		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>52-2387453</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132				7. Name and Address of New Registered Agent Name <b>Alice Sardell</b> Street Address (P.O. Box Number is Not Acceptable) <b>19500 Turnberry Way #7A</b> City <b>Aventura</b> FL Zip Code <b>33180</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 <u><i>Alice Sardell</i></u> (NOTE: Registered Agent's signature required when reinstating) DATE <b>8/6/04</b>					
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SARDELL, ALICE 19500 TURNBERRY WAY, APT. 7A AVENTURA, FL 33180		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <u><i>Alice Sardell</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <b>8/6/04</b> Daytime Phone # <b>305-807-2477</b>		

34010092



08062004 Chg-LLC CR2E083 (10/03)

Attachment

341010092

#L02000034620

**19355 Turnberry Way #4B, LLC**

19500 Turnberry Way - Apt. 7A

Aventura, Florida 33180

**ALICE SARDELL**

TELEPHONE 305-807-2477

FACSIMILE 305-931-6880

Florida Department of State  
Division of Corporations  
P.O. Box 6478  
Tallahassee, Florida 32314

Att: Annual Reports Section

Dear Sir/Madam,

I am in receipt of your letter dated August 12<sup>th</sup> which I am enclosing. I am terribly sorry but in writing the FEI number, I left out one of the digits by mistake. I have whited it out and rewritten the number properly. I am sorry for the inconvenience.

Sincerely,



Alice Sardell