

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED  
Jan 28, 2004 8:00 am  
Secretary of State**

01-28-2004 90022 002 \*\*\*\*50.00

**DOCUMENT # L02000035171**

1. Entity Name  
**CITILIFT HOLDING LLC**



Principal Place of Business

C/O JOHN PEPE  
444 WEST PALMETTO PARK RD  
BOCA RATON, FL 33432

Mailing Address

C/O JOHN PEPE  
444 WEST PALMETTO PARK RD  
BOCA RATON, FL 33432

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082004 Chg-LLC CR2E083 (10/03)

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIDA INCORPORATORS, INC.  
8875 HIDDEN RIVER PKWY., STE. 300  
TAMPA, FL 33637

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

MGRM  
PEPE, JOHN  
444 WEST PALMETTO PARK RD  
BOCA RATON, FL 33432

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

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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: John J. Pepe, MGRM 16 Jan 04 561-393-7015**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #