


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90216 019 ****50.00

DOCUMENT # L03000001186			
1. Entity Name A-LINE-MEANT, LLC			
Principal Place of Business 8852 155TH PLACE N. PALM BEACH GARDENS FL 33418		Mailing Address 8852 155TH PLACE N. PALM BEACH GARDENS FL 33418	
2. Principal Place of Business		3. Mailing Address 3211 Ponce de Leon Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 101	
City & State		City & State Coral Gables, FL	
Zip	Country	Zip	Country
		33134	USA

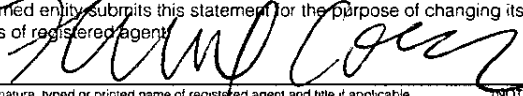


MOORE CR2E083 (11/03)

4. FEI Number 06-1682910		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent HEINEMANN, THEODORE J ESQ C/O BUTZEL LONG, PC 1200 N. FEDERAL HWY., STE. 420 BOCA RATON FL 33432		7. Name and Address of New Registered Agent Name Michael T. Cooper Street Address (P.O. Box Number is Not Acceptable) 8852 155th PLACE N. City Palm Beach Gardens FL Zip Code 33418	
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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  **Michael T. Cooper** DATE **3/16/2004**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COOPER, MICHAEL T 8852 155TH PLACE N. PALM BEACH GARDENS FL 33418 <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
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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)(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 60B, Florida Statutes.

SIGNATURE:  **3/16/04** **(561) 747-0207**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #