

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 21, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90070 007 \*\*\*\*50.00

<b>DOCUMENT # L03000001816</b>					
<b>1. Entity Name</b> THIRTY-SIX HUNDRED HOLDINGS, LLC					
<b>Principal Place of Business</b> 1200 N. FEDERAL HIGHWAY STE. 312 BOCA RATON, FL 33432			<b>Mailing Address</b> 1200 N. FEDERAL HIGHWAY STE. 312 BOCA RATON, FL 33432		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-0240293</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  THOMAS, DONALD J 1200 N. FEDERAL HIGHWAY STE. 312 BOCA RATON, FL 33432				7. Name and Address of New Registered Agent  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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		Make check payable to Florida Department of State		9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THOMAS, DONALD J 1200 N. FEDERAL HIGHWAY STE. 312 BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Delete	10. ADDITIONS / CHANGES	Manager Robert Roschman 6300 N.E. 1st Ave., Suite 300 Ft. Lauderdale, FL 33334	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 808, Florida Statutes.					
<b>SIGNATURE:</b> _____			Date: 4/15/04 Daytime Phone #: 954-776-7590		