


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 20, 2004 8:00 am
Secretary of State

07-08-2004 90012 007 ****55.00

DOCUMENT # L03000003096

1. Entity Name
LOEWE COMPANY LLC



Principal Place of Business
 3322 SW 181 TERRACE
 MIRAMAR, FL 33029 US

Mailing Address
 3322 SW 181 TERRACE
 MIRAMAR, FL 33029 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



07032004 Chg-LLC CR2E083 (10/03)

4. FEI Number
EIN 37-1461514

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

FERMAYER, MAURICIO
 3322SW 181 TERRACE
 MIRAMAR, FL 33029

7. Name and Address of New Registered Agent

Name: **JULIA FERMAYER**

Street Address (P.O. Box Number is Not Acceptable)
~~3322 SW 181 TERRACE~~

City: **MIRAMAR** FL Zip Code: **33029**

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: *Julia Fermayer* DATE: 7-16-04

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

Filing Fee is \$50.00
Due by September 8, 2004



9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FERMAYER, MAURICIO 3322SW 181 TERRACE MIRAMAR, FL 33029 <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	MGR FERMAYER, JULIA 3322 SW 181 TERRACE MIRAMAR, FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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 606, Florida Statutes.

SIGNATURE: *Mauricio Fermayer* DATE: 7/3/2004 9544417191

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