

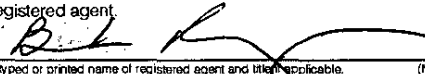



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90029 003 ****50.00

DOCUMENT # L03000004237 1. Entity Name THE BURTON GROUP, LLC					
Principal Place of Business C/O KOEPEL GOTTLIEB MESCHES 222 LAKEVIEW AVENUE, SUITE 260 WEST PALM BEACH, FL 33401				Mailing Address C/O KOEPEL GOTTLIEB MESCHES 222 LAKEVIEW AVENUE, SUITE 260 WEST PALM BEACH, FL 33401	
2. Principal Place of Business 2610 N MIAMI AVE Suite, Apt. #, etc.		3. Mailing Address PO BOX 370666 Suite, Apt. #, etc.		24039948 	
City & State MIAMI FL		City & State MIAMI FL		4. FEI Number 45-0499980	
Zip 33127		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KOEPEL, JOEL P 222 LAKEVIEW AVENUE, SUITE 260 WEST PALM BEACH, FL 33401				7. Name and Address of New Registered Agent Name BURTON REIZES Street Address (P.O. Box Number is Not Acceptable) 2610 N MIAMI AVE City MIAMI FL Zip Code 33127	
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  DATE _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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: MANAGING MEMBER <input type="checkbox"/> Delete NAME: BURTON REIZES STREET ADDRESS: PO BOX 370666 CITY-ST-ZIP: MIAMI, FL 33137				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____				TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____				TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____				TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____				TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition 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)(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:  BURTON REIZES 3/11/04 305-573-6955 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					