


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90192 019 \*\*\*\*50.00

<b>DOCUMENT # L03000004303</b> 1. Entity Name <b>MIAMI GARDENS ACQUISITION, LLC</b>			
Principal Place of Business <b>OLD MILL PLAZA, STE. A 2100 HIGHWAY 35 SEA GIRT, NJ 08750</b>		Mailing Address <b>OLD MILL PLAZA, STE. A 2100 HIGHWAY 35 SEA GIRT, NJ 08750</b>	
2. Principal Place of Business <b>Miami Gardens Acq, LLC</b> Suite, Apt. #, etc. <b>8 Industrial Way East 2nd FL</b> City & State <b>EatonTown NJ</b> Zip <b>07724</b>		3. Mailing Address <b>Miami Gardens Acq, LLC</b> Suite, Apt. #, etc. <b>8 Industrial Way E, 2nd Floor</b> City & State <b>EatonTown NJ</b> Zip <b>07724</b>	
4. FEI Number <b>01232004</b>		Chg-LLC <b>CR2E083 (10/03)</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>ANSBACHER, LEWIS ESQ C/O ANSBACHER &amp; SCHNEIDER 5150 BELLFORT ROAD SOUTH JACKSONVILLE, FL 32256</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Managing member Daniel Massry 8 Industrial Way E. 2nd FL EatonTown NJ 07724</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Managing member Mark Massry 8 Industrial Way E. 2nd FL EatonTown NJ 07724</b> <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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Managing member Isaac Massry 8 Industrial Way East 2nd FL EatonTown NJ 07724</b> <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"/> Change <input type="checkbox"/> Addition	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)(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.			
<b>SIGNATURE:</b> <u><i>D. Massry</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<u>2/4/04</u> <small>Date Daytime Phone #</small>	