

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000004921

FILED
Apr 27, 2004
Secretary of State

Entity Name: LIER & TONCONOGY DEVELOPERS, LLC

Current Principal Place of Business:

2875 NE 191ST STREET
TURNBERRY PLAZA, STE. 801
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

2875 NE 191ST STREET
TURNBERRY PLAZA, STE. 801
AVENTURA, FL 33180

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SERGER, DANIEL J ESQ
2875 NE 191ST STREET
TURNBERRY PLAZA, STE. 801
AVENTURA, FL 33180

Name and Address of New Registered Agent:

SERBER, DANIEL J ESQ
2875 NE 191ST STREET
TURNBERRY PLAZA, STE. 801
AVENTURA, FL 33180

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.

SIGNATURE: DANIEL SERBER

04/27/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: TONCONOGY, JULIO A
Address: 2875 NE 191ST STREET, SUITE 801
City-St-Zip: AVENTURA, FL 33180

Title: MGRM () Change (X) Addition
Name: LIER, RAUL
Address: 2875 NE 191ST STREET, SUITE 801
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: RAUL LIER

MGRM

04/27/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date