


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90215 030 ****50.00

DOCUMENT # L03000006520	
1. Entity Name 6520 WEST FLAGLER, L.L.C.	

Principal Place of Business 6520 W. FLAGLER STREET MIAMI FL 33144	Mailing Address 6520 W. FLAGLER STREET MIAMI FL 33144
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2. Principal Place of Business <i>6520 W Flagler St</i>	3. Mailing Address <i>205 SW 135 Ave</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Miami Fla</i>	City & State <i>Miami Fla</i>	4. FFL Number <i>20-0096157</i>	Applied For <input type="checkbox"/> Not Applicable
Zip <i>33144</i>	County <i>DS.</i>	Zip <i>33184</i>	Country <i>U.S.</i>



MOORE CR2E083 (11/03)

6. Name and Address of Current Registered Agent LEVY, BRYAN I 1320 S. DIXIE HWY. SUITE 911 CORAL GABLES FL 33146		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEDEROS, JULIO 6520 W. FLAGLER STREET MIAMI FL 33144 <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"/> 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)(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: *Julio Mederos* **3/22/04 305-227-5350**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #