2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

04-30-2004 90067 003 ****50.00

DOCUMENT # L03000008229

1. Entity Name
2918 JACKSON, LLC

Principal Place of Business	Mailing Address
2918 JACKSON ST. HOLLYWOOD, FL 33020	2918 JACKSON ST. HOLLYWOOD, FL 33020

34006452

04282004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
2918 JACKSON St	1911 HARRISON Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hollywood, FL 33020	City & State: Hollywood, FLORIDA
Zip: 33020 / Country: U.SA	Zip: 33020 / Country: U.S.A

4. FEI Number: 20-1061151 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GRISALES-RACINI, OSCAR ES 12550 BISCAYNE BLVD., STE. 405 NORTH MIAMI, FL 33181	Name: GRISALES-RACINI, OSCAR, ESQ Street Address (P.O. Box Number is Not Acceptable): 1911 HARRISON Street. City: Hollywood FL Zip Code: 33020

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 _____ 04-28-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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: M NAME: ABEL SURIANI STREET ADDRESS: 2918 JACKSON Street CITY-ST-ZIP: Hollywood, FLORIDA 33020 ☐ Delete	TITLE: MANAGER NAME: ABEL SURIANI STREET ADDRESS: 2918 JACKSON STREET CITY-ST-ZIP: HOLLYWOOD, FLORIDA 33020 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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: ATTORNEY IN FACT. 04-28-04 954 9290679.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #