2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

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04282004 Chg-LLC CR2E083 (10/03)

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

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.S.A	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 [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 NAME STREET ADDRESS CITY-ST-ZIP	M ABEL SURIANI 2918 JACKSON street Hollywood, FLORIDA 33020 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER ABEL SURIANI 2918 JACKSON STREET 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
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
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: [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 #