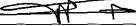
## **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT #1 03000008711

## **FILED** May 03, 2004 8:00 am Secretary of State 05-03-2004 90144 005 \*\*\*\*50.00

1. Entity Nam HESHAM	A. TAW	FIK, AIA, LLC	,							
Principal Place of Business 888 BRICKELL AVE., SUITE 203 MIAMI, FL 33131		Mailing Address 888 BRICKELL AVE., SUITE 203 MIAMI, FL 33131		24064196						
2. Principal Place of Business		3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		03182004 Chg-LLC CR2E083 (10/03)					
City & State		City & State		4. FEI Numb	er		-	plied For t Applicable		
Zip	Country		Zip	Country		5. Certificate of Status Desired Status Desired Fee Required				
6. Name and Address of Current F			nt Registered Agent			7. Name and	Address of New Re	egistered Age	nt	
T				Na	me					
TAWFIK, HERSHAM 888 BRICKELL AVE., SUITE 203 MIAMI, FL 33131				Street Address		O. Box Numb	er is Not Acceptable	)		
				Cit	у			FL	Zip Code	
	ions of regis	ty submits this statemen itered agent.	t for the purpose of changing it	s registered off			th, in the State of Flo		liar with,	and accept
Filing Fee is \$50.00 Due by May 1, 2004						į		e check paya Department		<b>∌</b>
9.		MANAGING MEN	BERS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADD CITY-ST-ZIF	MG Hess 888 Mia	IR ham A Bricke mi , FL	Tawfik 211 Ave, S 33131	vite 2	Change	Addition
TITLE NAME STREET ADDRESS	, (y)		☐ Delete	FITLE NAME					Change	Addition
CITY-ST-ZIP		•		STREET ADD CITY-ST-ZII						
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP					P.				Change	Addition
TITLE NAME STREET ADDRESS			☐ Delete	CITY-SI-ZII TITLE NAME STREET ADD	P. MESS P				Change Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				CITY-ST-2H TITLE NAME STREET ADD CITY-ST-2H TITLE NAME STREET ADD	P.  PRESS P  PRESS					

. 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.



Hesham A Tawfik, MGR

4-28-04

3.5\_373.1843

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #