

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90352 015 \*\*\*\*50.00

<b>DOCUMENT # L03000008976</b>					
<b>1. Entity Name</b> COSMOPOLITAN DEVELOPMENT GROUP LLC					
<b>Principal Place of Business</b> 1305 N.E. 104TH STREET MIAMI SHORES, FL 33138			<b>Mailing Address</b> 1305 N.E. 104TH STREET MIAMI SHORES, FL 33138		
<b>2. Principal Place of Business</b> 605 N.E. 123 St.		<b>3. Mailing Address</b> 1643 Brickell Av			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State No. Miami FL		City & State Miami FL			
Zip 33138		Country USA		Zip 33129	
Country USA		Country USA			
<b>4. Name and Address of Current Registered Agent</b> AGENTS AND CORPORATIONS, INC. 773 4TH AVENUE NORTH, SUITE E NAPLES, FL 34102			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ State <b>FL</b> Zip Code _____		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>					
<b>6. 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.</b> SIGNATURE:  DATE: 4/15/04 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-appointing)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2004</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE: <del>Managing member</del> NAME: <del>Michael D. NICOLEAU</del> <input type="checkbox"/> Delete STREET ADDRESS: <del>1305 NE 104th St.</del> CITY-ST-ZIP: <del>Miami Shores, FL 33138</del>			TITLE: <del>Managing member</del> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: Michael D. NICOLEAU STREET ADDRESS: 1305 NE 104th St. CITY-ST-ZIP: Miami Shores, FL 33138		
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____			TITLE: <del>Managing member</del> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: RICARDO GRINBERG STREET ADDRESS: 3919 GRANT ST. CITY-ST-ZIP: Hollywood, FL 33021		
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____			TITLE: <del>Managing member</del> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: Gerald TRAKTMAN STREET ADDRESS: 1643 Brickell Av #2102 CITY-ST-ZIP: Miami FL 33129		
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____			TITLE: <del>Managing member</del> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: Phil Glassman STREET ADDRESS: 2150 NE 204th St. CITY-ST-ZIP: No. Miami Beach, FL 33129		
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____			TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____			TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		
<b>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.</b>					
<b>SIGNATURE:</b>			Date: 4/15/04 (305) 376-8822 Daytime Phone:		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					