


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90140 034 ****50.00


DOCUMENT # L03000009046	
1. Entity Name MACLEE EXPRESS (MIAMI), LLC	

Principal Place of Business 40304 FISHER ISLAND DRIVE #40304 FISHER ISLAND, FL 33109	Mailing Address 40304 FISHER ISLAND DRIVE #40304 FISHER ISLAND, FL 33109
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24082101

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 429 Lenox Avenue Suite, Apt. #, etc.
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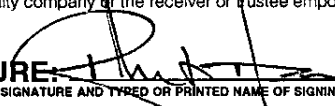
City & State MIAMI BEACH FL	City & State MIAMI BEACH FL
Zip 33139-6532	Country

	
07062004 Chg-LLC	CR2E083 (10/03)
4. FEI Number 04-3747275	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent FIELDSTONE, RONALD R 201 ALHAMBRA CIRCLE STE. 601 CORAL GABLES, FL 33134	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____	
Filing Fee Is \$50.00 Due by September 8, 2004	Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARRISON, ROBERT 40304 FISHER ISLAND DRIVE FISHER ISLAND, FL 33109 <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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	8/25/04 305 537-3700 Date Daytime Phone #