


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2004 8:00 am
Secretary of State

01-08-2004 90100 033 ****50.00

DOCUMENT # L03000009431 1. Entity Name CONSOLIDATED GROUP INTERNATIONAL LLC					
Principal Place of Business 21113 JOHNSON STREET OFFICE 114 PEMBROKE PINES, FL 33029 US			Mailing Address 21113 JOHNSON STREET OFFICE 114 PEMBROKE PINES, FL 33029 US		
2. Principal Place of Business 80 Biscayne Blvd Suite, Apt. #, etc.		3. Mailing Address 80 Biscayne Blvd Suite, Apt. #, etc.			
City & State Miami FL Zip 33132		City & State Miami FL Zip 33132		4. FET Number 421581158 Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RIVIERE, SANTIAGO 21113 JOHNSON STREET OFFICE 114 PEMBROKE PINES, FL 33029			7. Name and Address of New Registered Agent Name Santiago Riviere Street Address (P.O. Box Number is Not Acceptable) 80 Biscayne Blvd City Miami FL Zip Code 33132		
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 <u><i>Santiago Riviere</i></u> DATE <u>11/5/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	MGRM RIVIERE, SANTIAGO 21113 JOHNSON STREET PEMBROKE PINES, FL 33029	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	mgrm Santiago Riviere 80 Biscayne Blvd Miami FL 33132
		<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: <u><i>Santiago Riviere</i></u> DATE <u>11/4/04</u> DAYTIME PHONE # <u>305 793 2920</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					