2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

OCUMENT # L03000009843	04-30-2004 900

NAME SIREET ADDRESS G999 BISCAYNE BLVD ITILE MGRM FRANCOIS, ULYSSE STREET ADDRESS GITY-ST-ZP TITLE MGRM FRANCOIS, ULYSSE STREET ADDRESS GITY-ST-ZP TITLE MGRM LEX & ASSOCIATES CORP STREET ADDRESS GITY-ST-ZP PLANTATION, FL 33322 TITLE NAME SIREET ADDRESS GITY-ST-ZP CHARTON SIREET ADDRESS GITY-ST-ZP TITLE NAME SIREET ADDRESS GITY-ST-ZP CHARTON SIREET ADDRESS GITY-ST-ZP CHARTON SIRET ADDRESS GIT	1. Entity Nam	MENT # L030000098 PERTIES L.L.C.	343			04-30-2	2004 90065 013 *	***50.00
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Coy State Month High High Roll County 3316 2 County 5. County 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MONTES, ALIX, I ESO, 5998 BISCAYNE BLVD MIAMI, FL 33137 City FL Zin Code 8. The above harmed only submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am lamiliar with, and acceptable) MIAMI, FL 33137 City FL Zin Code 8. The above harmed only submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am lamiliar with, and acceptable to Florida bepartment of State Filling Fice is \$50.00 Due by May 1, 2004 MARK check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ACDITIONS/ChangES 9. MANAGING MEMBERS/MANAGERS 10. ACDITIONS/ChangES 9. MANAGING MEMBERS/MANAGERS 10. ACDITIONS/ChangES 10. ACDITIONS/Chang	16375	NE 18th AV	16375 NE Suite, Apt. #, etc.	18 th AV				
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A. 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. Change Change Change Change Additional Personal Agent submits required when necessary) DATE	5999 BISC	AYNE BLVD			ddress (P.O. Box Num	ber is Not Acceptable	3)	
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