

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000010509

Entity Name: MIMO WESTON, LLC

FILED
Aug 11, 2004
Secretary of State

Current Principal Place of Business:

1636 TOWN CENTER CIRCLE
WESTON, FL 33326 US

New Principal Place of Business:

Current Mailing Address:

1636 TOWN CENTER CIRCLE
WESTON, FL 33326 US

New Mailing Address:

FEI Number: 68-0546068

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAUL K. SILVERBERG
2665 EXECUTIVE PARK DRIVE
SUITE 3
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: YOUNG, NAYIBER
Address: 1636 TOWN CENTER CIRCLE
City-St-Zip: WESTON, FL 33326 US

Title: MGRM () Delete
Name: CARPENTRAS CORP,
Address: 1238 JASMINE CIRCLE
City-St-Zip: WESTON, FL 33326 US

Title: MGRM (X) Delete
Name: PATAGONIA TOP CORP,
Address: 1265 ORANGE DRIVE
City-St-Zip: DAVIE, FL 33330 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: YOUNG, NAYIBE B
Address: 1636 TOWN CENTER CIRCLE
City-St-Zip: WESTON, FL 33326 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: NAYIBE B. YOUNG

MGR

08/11/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date