2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 16, 2004 8:00 am
Secretary of State
06-17-2004 90102 020 ****50.00

6/1'

DOCUMENT # L030000118 1. Entity Name AMERICANA HOLDINGS, LLC							
Principal Place of Business 6111 WASHINGTON STREET HOLLYWOOD, FL 33023	STON STREET 6111 WASHINGTON STREET		34009286				
2. Principal Place of Business COIII WASHINGTONST	3. Mailing Address Latt Washing	lon St					
Suite, Apt. # setc.	Suite, Act. #_etc.		04262004	Chg-LLC	CR2E08	3 (10/03)	
Hollywood Fl	City & Sjate 4 Www		4. FEI Numbe	er		Not	Applicable
33073 County USA	1330031	ISA_		of Status Desired	<u> </u>	5.00 Addit	ional .
6. Name and Address of Current f	Registered Agent	==Name=AO(A	7. Name and	Address of New Re	egistered A	gent	==-
TOPE TOPE TOPE TOPE TOPE TOPE TOPE TOPE			ress (P.O. Box Number is Not Acceptable)				
MIAMI; FL 33173 °				<u> </u>			
, - 1		City			FL	Zip Code	
The above named entity submits this statement for the obligations of registered agent.	the purpose of changing its regist	tered office or registe	ered agent, or bo	th, in the State of Flo	rida. I am fa	imiliar with, a	ind accept
SIGNATURE SIGNATURE	2			·		-	
Signature, Speed or printed name of registered agent o	and little if applicable (NOTE: Regie	tored Agent signature require	id when reministing)		DATE		- S. S. S.
Filing Fee is \$50.00 Due by May 1, 2004	.,				e check pa Departme	yable to int of State	
9. A MANAGING MEMBE		10.		ADDITIONS/	CHANGES	□ (h	- Assistan
MANAGER PROMINES STREET ADDRESS CITY-ST-ZIP HOW I WOULD A HOW	reton St	NAME STREET ADORESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 :	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition
ITILE NAME STREET ADDRESS CITY-SI-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CTTY-ST-ZIP	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			- 2	Change	Addition
TITLE NAME SIREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADORESS CITY-S1-ZIP				Change .	Addition
TITLE NAME STREET ADDRESS L' CITY-ST-ZIP	☐ Cetate	NAME STREET ADDRESS CITY-ST-ZIP				Change	Addilion
11. I hereby certify that the information supplied with indicated on this report is true and accurate and fimited liability company or the receiver or past SIGNATURE:	this filing does not qualify for the that my signature shall have the seempowered to execute this report	exemption stated in S ame legal effect as if it as required by Cha	pter 608, Florida	Statutes.	,	ify that the in r or manager	