

FILED

6/22/2004 90066-004 \$50.00-\$50.00
2004 NOV 29 PM 2:23SECRETARY OF STATE
TALLAHASSEE, FLORIDA2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000011851			
1. Entity Name LIMCOCH 18680 WEST DIXIE, LLC			
Principal Place of Business 19495 BISCAYNE BOULEVARD, SUITE 410 AVENTURA, FL 33180		Mailing Address 19495 BISCAYNE BOULEVARD, SUITE 410 AVENTURA, FL 33180	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEIN 58-207-0528		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent REGISTERED AGENTS OF FLORIDA, LLC 100 SOUTHEAST 2ND STREET, SUITE 2900 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name: J. P. B. B. B. Street Address (P.O. Box Number is Not Acceptable) 14001 NW 43 City: SUITE FL Zip Code: 33325	
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: <i>James B. B.</i>		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	☐ Delete Ken Israel Pres. 19495 BISCAYNE BLVD SUITE 410 Aventura FL 33180	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete Alon H. B. B. Vice President 19495 BISCAYNE BLVD SUITE 410 Aventura FL 33180	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 606, Florida Statutes.			
SIGNATURE: <i>James B. B.</i>		Date: _____	