


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90455 023 *****55.00

DOCUMENT # L03000011914

1. Entity Name
MIAMI CAPITAL GROUP, LLC



Principal Place of Business
**4651 SHERIDAN STREET, SUITE 200
HOLLYWOOD, FL 33021**

Mailing Address
**4651 SHERIDAN STREET, SUITE 200
HOLLYWOOD, FL 33021**

2. Principal Place of Business
**3390 Mary Street
Suite, Apt. #, etc.
Suite 200**

3. Mailing Address
**321 East Hillsboro Blvd.
Suite, Apt. #, etc.**

City & State
Coconut Grove, Florida

City & State
Deerfield Beach, Florida

Zip
33133

Country
USA

Zip
33441

Country
USA



03092004 Chg-LLC CR2E083 (10/03)

4. FEI Number
56-2347052

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**STOTZER, THEODORE R
321 EAST HILLSBORO BLVD.
C/O SWERDLOW BOCA DEVELOPERS GROUP
DEERFIELD BEACH, FL 33441**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Swerdlow	
STREET ADDRESS	3390 Mary Street, Suite 200	
CITY-ST-ZIP	Coconut Grove, Florida 33133	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: By: Michael Swerdlow April 15, 2004 (954) 949-3480

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Michael Swerdlow, Managing Member