2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 12, 2004 8:00 am Secretary of State **DOCUMENT # L03000013076** 04-12-2004 90026 036 ****50.00 SOKOL PROPERTIES, LLC Principal Place of Business Mailing Address 24039765 13975 SW 100TH AVENUE 13975 SW 100TH AVENUE MIAMI, FL 33176 MIAMI, FL 33176 2. Principal Place of Business 3. Mailing Address 33 NE and Street 33 NE and Stroo Suite, Apt. #, etc. Suite, Apt. #, etc. 03232004 CR2E083 (10/03) Cha-LLC #3<u>00</u> 51€.300 City & State OF Laudordalo 4. FEI Number _City & State Applied For tolt Lauderdalo FI ---- 16-1672600 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired П 33301 3330 10 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SOKOL: ANDREW Street Address (P.O. Box Number is Not Acceptable) 33 NE 2nd Street, #300 13975 SW 100TH AVENUE MIAMIEFL 33176 Zip Code 3330 \ 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 or registered agent. <u>audee</u>dale SIGNATURE Signature, typed or printed name of registered agent and title if applicable (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 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. malm Addition TITLE ☐ Delete TITLE ☐ Change Andrew Sokol NAME NAME 9421 S.W. 140th Street STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Miami, Fl 33176 ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TI7LE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 triat my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited flability company or tiple receiver or trustile impowered to execute this report as required by Chapter 608, Florida Statutes. 04 SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED