


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2004 8:00 am
Secretary of State

01-28-2004 90021 004 ****50.00

DOCUMENT # L03000013441	
1. Entity Name ONETWOTHREE L.L.C.	

Principal Place of Business 1840 SOUTH BAYSHORE DRIVE MIAMI, FL 33133	Mailing Address 1840 SOUTH BAYSHORE DRIVE MIAMI, FL 33133
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2. Principal Place of Business 1840 SOUTH BAYSHORE DRIVE	3. Mailing Address 1840 SOUTH BAYSHORE DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIAMI FLORIDA	City & State MIAMI FLORIDA
Zip 33133	Zip 33133
Country USA	Country USA



01042004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent PARLADE, JAIME 8350 NW 52ND TERRACE, SUITE 301 MIAMI, FL 33166	
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7. Name and Address of New Registered Agent Name PILAR SILVERMAN Street Address (P.O. Box Number is Not Acceptable) 1840 S. BAYSHORE DR City MIAMI FL Zip Code 33133	
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 X PILAR SILVERMAN <i>Pilar Silverman</i> 1/20/2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: X PILAR SILVERMAN <i>Pilar Silverman</i> 1/20/2004 305-6073592 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>	