## **2004 LIMITED LIABILITY COMPANY**

## **ANNUAL REPORT (AR)** DOCUMENT # L03000013539

## FILED Apr 23, 2004 8:00 am

Principal Place of Business	1. Entity Name CUCAMONGA LLC								04-23-2004 90021 048 ****50.00					
2. Principal Placo d Business	<u> </u>													
2. Procipal Pace of Business   Suite. Apr. # etc.   Suite. Apr. #, etc.   Suite. Apr. #, etc.   A. Mailing Address	Principal Place of Business				Mailing Address									
Suite, Apt. # etc.   ACREMS (11-02)   Acrem														
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City & State    City & State   City & City & State   City & State   City & State   City & State   City &	2. Principal Pl	ace of Busin	ness	3	3. Mailing Address									
Zip	Suite, Apt. #, etc.				Suite, Apt. #, etc.					MOORE	CR2E083	(11/03)		
Country   Coun	City & State				City & State							<del></del>		
ALGER, STEPHEN A ESO 7900 SW 57 AVE., PENTHOUSE MIAM! FL 33143  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am tramillar with, and accept the obligations of registered agent.  SIGNATURE    Manual	Zip	Country			Zip	try	5 Certificate of Status Desired  \$5.00 Additional							
ALGER, STEPHEN A ESQ MINIMI FL 33143  Stephen Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  FL  Zip Code  The above named entry submits this statement for the purpose of changing its registered algent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, young or present wise of equiposes agent and let approach.  ROWATURE  TILE  NAME  STREET ADDRESS  CITY-ST-2P  TILE  NAME  STREET ADDRESS  CITY-	6. Name and Address of Current				Registered Agent									
### PROOF SW 57 AVE., PENTHOUSE MIAMI FL 33143  8. The above named emity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida Department of State    FILE NOW!!! FEE IS \$50.00   Make Check Payable to Florida Department of State   Debts							Name							
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Part   Par	7900					P.O. Box Nur	nber is Not Acceptab	le)						
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Part   Par												- <del></del>		
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3. Thereby ceasy had the information subplied with this slind does not quality for the exemblion stated in Section 119.07(3)(0). Florida Statutes, 1 turner certify that the information 1		ertify that th	e information supplie	d with thi	s filing does not qualify fo			ted in Se	ection 119.07	(3)(i), Florida Statutes	. I further cert	ify that the in	nformation	

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.

STEPHEN A. ALGER

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