


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-01-2004 90506 001 ***200.00

DOCUMENT # L03000014495 1. Entity Name SOUTH BEACH GEM, LC					
Principal Place of Business PO BOX 190924 MIAMI BEACH FL 33119-0924			Mailing Address PO BOX 190924 MIAMI BEACH FL 33119-0924		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-1198604	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DOMINQUEZ, VIRGINIA 610 WEST DILIDO DRIVE MIAMI BEACH FL 33139					
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS					
TITLE	NAME	<input type="checkbox"/> Delete			
STREET ADDRESS	Virginia Dominguez				
CITY-ST-ZIP	610 West Dilido Drive				
TITLE	NAME	<input type="checkbox"/> Delete			
STREET ADDRESS	Miami Beach, FL				
CITY-ST-ZIP	33139				
TITLE	NAME	<input type="checkbox"/> Delete			
STREET ADDRESS	Luis Dominguez				
CITY-ST-ZIP	1413 N Venetian Way				
TITLE	NAME	<input type="checkbox"/> Delete			
STREET ADDRESS	Miami Beach FL				
CITY-ST-ZIP	33139				
TITLE	NAME	<input type="checkbox"/> Delete			
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	NAME	<input type="checkbox"/> Delete			
STREET ADDRESS					
CITY-ST-ZIP					
10. ADDITIONS/CHANGES					
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: Virginia Dominguez Manager Feb 13/04 305-534-9090 <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					