


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90208 018 ****50.00

DOCUMENT # L03000017794					
1. Entity Name DOWEL DEVELOPMENT LLC					
Principal Place of Business 1065 BELLE MEADE ISLAND DRIVE MIAMI, FL 33138 US			Mailing Address 1065 BELLE MEADE ISLAND DRIVE MIAMI, FL 33138 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 61-1449937	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KEY, JOEL E 1065 BELLE MEADE ISLAND DRIVE MIAMI, FL 33138			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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KEY, JOEL E 1065 BELLE MEADE ISLAND DRIVE MIAMI, FL 33138	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BELTRAN, SAMUEL 1065 BELLE MEADE ISLAND DRIVE MIAMI, FL 33138	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BELTRAN, SAMUEL 650 CARRINGTON DRIVE WESTON, FLORIDA 33326	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BELTRAN, SAMUEL 650 CARRINGTON DRIVE WESTON, FLORIDA 33326	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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: _____		Date: 01/28/2004 (305) 775-6924			