

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 21, 2004 8:00 am**  
**Secretary of State**

06-21-2004 90139 001 \*\*\*\*55.00

<b>DOCUMENT # L03000020665</b>	
1. Entity Name 6240 N.E. 4TH CT., LLC	
C/O JOSEPH PATERNOSTRO ACCOUNTING SVC	



14024124



Principal Place of Business 6240 N.E. 4TH CT. MIAMI, FL 33138	Mailing Address 6240 N.E. 4TH CT. MIAMI, FL 33138
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2. Principal Place of Business	3. Mailing Address 901 NE 125TH STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 101
City & State	CITY & STATE NORTH MIAMI, FLORIDA
Zip	Country
33161	USA

06172004 Chg-LLC CR2E083 (10/03)

4. FEI Number 43-2021259		Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent PATERNOSTRO, JOSEPH 901 N.E. 125TH STREET, SUITE #101 NORTH MIAMI, FL 33161		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

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 September 8, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Managing Member Wayne E. Taylor 10151 NE 14th Avenue Miami Shores, FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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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:**

*Wayne Taylor*

06/18/04

305-895-7355

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

Date

Daytime Phone #

Attachment

14024124  
#103 000020665

**Joseph Paternostro Accounting Services, Inc.**

901 NE 125<sup>th</sup> Street, Suite 101

North Miami, FL 33161

Office (305) 895-7355 Cell (305) 606-0935 Fax (305) 893-9696

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June 18, 2004

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: 6240 NE 4<sup>TH</sup> COURT, LLC.  
Fein. 43-2021259

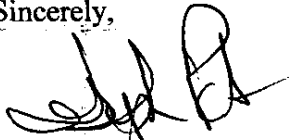
To whom it may concern:

Reference is made to my telephone conversation with your representative, Ruby, on the above date. She has informed me that we are to send the 2004 Limited Liability Company Annual Report along with a check to cover cost for 2004 of \$55.00.

Would you please resolve this situation as soon as possible.

Please accept our thanks for your cooperation on the above.

Sincerely,



Joseph Paternostro  
Accountant

cc: Wayne Taylor, President @  
6240 NE 4TH COURT, LLC.