2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

06-15-2004 90168 015 ****25.00
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FILED
04 JUN 22 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000022711

1. Entity Name
TENHOUSES, LLC

Principal Place of Business	Mailing Address
725 LENOX AVENUE, SUITE 4 MIAMI BEACH, FL 33139	725 LENOX AVENUE, SUITE 4 MIAMI BEACH, FL 33139

2. Principal Place of Business	3. Mailing Address
726 Lenox Ave.	725 Lenox Ave.
Suite, Apt. #, etc.: Suite 3	Suite, Apt. #, etc.: Suite 3
City & State: Miami Beach Fl.	City & State: Miami Beach Fl.
Zip: 33139 Country: USA	Zip: 33139 Country: USA

06092004 Chg LLC CR2E083 (10/03)

4. FEI Number: 51-0472315 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ 55.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	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
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $$$.00
Due by September 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 BEST, CHERON A 725 LENOX AVENUE, SUITE 4 MIAMI BEACH, FL 33139 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 725 Lenox Ave. Suite 3
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LOWE, KAREN L 725 LENOX AVENUE, SUITE 4 MIAMI BEACH, FL 33139 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 725 Lenox Ave. Suite 3
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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 605, Florida Statutes.

SIGNATURE: _____ 6/09/04 305 494 7601 305 531 0434
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGER, MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Telephone Number

Cherón Best