2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 29, 2004 8:00 am Secretary of State

3/

. Entity Name	MENT # L0300002 FAMILY, LLC	22762			03-12-2004 9022	
Principal Place of Business Mailing Address 15461 SW 212 ST. 15461 SW 212 ST. MIAMI, FL 33170 US MIAMI, FL 33170		US			a	
	ace of Business	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			y .	
City & State		City & State		01072004 4. FEI Numb	Chg-LLC CR2E083	•
				20-	025 6891	Applied For Not Applicable
Zip	Country	Zip	Country	5 Certificat		6.00 Additional e Required
	6. Name and Address of Curr	ent Registered Agent	Name	7. Name an	d Address of New Registered Age	ent
	, JAMES C			· /P.O. Pou Num	ber is Not Acceptable)	
14450 SW MAMI, FL			Sileer Address	5 (F.O. DOX 140H		
			City			7:- 0-4:
			City		FL ooth, in the State of Florida. I am far	Zip Code
Fi	Signature, speed or printed name of requested a ling Fee is \$50.00 ue by May 1, 2004		TE: Registored Ageni signature requ	red when impistable)	Make check pay	
	MANAGING MEI	MBERS/MANAGERS	10.	•	ADDITIONS/CHANGES	
TITLE NAME	MGRM CANNATA, JAMES C	☐ Delete	TITLE NAME			Change Addition
TREET ADDRESS	15461 SW 212 ST.		STREET ADDRESS			
ITY-ST-ZIP	MIAMI, FL 33170 MGRM	Delete	CITY-ST-ZIP			Change Addition
IAME STREET ADDRESS STY-ST-ZIP	CANNATA, NIEVES 15461 SW 212 ST. MIAMI, FL 33170	_ 00ete	NAME STREET ADDRESS I CITY-SI-ZIP			
ITLE IAME ITREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP		Γ	Change Addition
TITLE HAME HREET ADDRESS HTY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change Addition
TILE		☐ Delete	TITLE		<u> </u>	Change Addition
HAME TO ADDRESS HTV - ST - ZP			STREET ADDRESS CITY-ST-ZIP			
TITLE HAME STREET ADORESS CITY - ST - ZIP		C Dziete	TITLE NAME STREET ADDRESS CHY-ST-ZIP			Change Addition
11. I hereby indicated limited lia	certify that the information supplied fon this report is true and applirate ability company or the receiver or tr	with this filing does not qualify and that my signature shall hav ustee empowered to execute thi	for the exemption stated in the same legal effect as is report as required by Ch	Section 119.07() if made under of apter 608, Florid	3Xi), Florida Statutes. I further certifath; that I am a managing member a Statutes.	y that the information or manager of the
	TURE:	(1/-	alou Dar	in the same.

Attallment 3400aagy

14450 S.W. 216th Street Miami, Florida 33170

Website: www.exoticbotanicals.com



Phone: (305) 257-3706

Fax: (305) 257-5011

E-mail: sales@exoticbotanicals.com

March 23, 2004

Florida Department of State
Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

Attn: Glenda E. Hood, Secretary of State

Subject: Cannata Family, LLC

Reference #: L03000022762

We have received our annual report, which you returned to us for corrections and have made the required changes and are returning it to you. Upon further examination we noticed that the report requires a \$50.00 filing fee, however we mistakenly paid you \$150.00. Can we please get a refund of \$100.00 at your earliest convenience?

Thank you for your time and consideration.

Sincerely,

immy C. Cannata