


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90187 021 ****55.00

DOCUMENT # L03000023475			
1. Entity Name FORT LAUDERDALE LIQUIDATIONS, LLC			
Principal Place of Business 3750 NE 114TH AVE SUITE 6 MIAMI, FL 33178		Mailing Address 3750 NE 114TH AVE SUITE 6 MIAMI, FL 33178	
2. Principal Place of Business 3750 NW 114TH AVE. Suite, Apt. #, etc. #6		3. Mailing Address 3750 NW 114TH AVE. Suite, Apt. #, etc. #6	
City & State MIAMI FL		City & State Miami FL	
Zip FL 33178		Zip FL 33178	
6. Name and Address of Current Registered Agent RATMIROFF, ALFREDO 3750 NW 114 TH AVE SUITE 6 MIAMI, FL 33178		7. Name and Address of New Registered Agent Name: SAYE Street Address (P.O. Box Number is Not Acceptable): SAYE 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: <u>ADA</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>04/15/04</u>			
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: MGRM NAME: LIQUIDATION USA, LLC 50 % STREET ADDRESS: 3750 NW 114 TH AVE SUITE 6 CITY-ST-ZIP: MIAMI, FL 33178	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: MGRM NAME: ANDRADE, JOSE L 50 % STREET ADDRESS: 3750 NW 114 TH AVE SUITE 6 CITY-ST-ZIP: MIAMI, FL 33178	<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
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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: <u>ADA</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		04/15/04. (305) 599-3824 Date Daytime Phone #	