## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Sec. 25

## FILED Apr 22, 2004 8:00 am Secretary of State

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1. Entity Nam	MENT # L03000023	8657					00357 033 ****.	50.00	
Principal Plac	e of Business	Mailing Address			i	241	JJUJIO		
8550 NW 33RD STREET, SUITE 200 MIAMI, FL 33122		8550 NW 33RD STREET, SUITE 200 MIAMI, FL 33122							
2. Principal Place of Business 5835 BLUE LAGOON DR.		3. Mailing Address 5835 BLUE LAGOON DR.							
Suite, Apt. #, etc. <b>SUITE</b> 200		Suite, Apt. #, etc.  5017E 200			04092004	Chg-LLC	CR2E083 (10/03	)	
City & State	MI FL	City & State MIAMI, FL			4. FEI Numbe	563786	<del></del>	Applied For Not Applicable	
Zip <b>33126</b> -	2067 Country USA	33126-2067	Country		5. Certificate	of Status Desired	S5.00 Ac	dditional red	
	6. Name and Address of Current				7. Name and	Address of New Re	gistered Agent		
DUARTE: VIERA, ANIBAL J			Name	Duarte-Viera, Anibal).					
	33RD STREET, SUITE 200	Stree		Address (P.O. Box Number is Not Acceptable)  5 BLUE LAGOON DR.					
				TE	200				
			Cityn,	Ami			FL 399	de 26	
	named entity submits this statement for tions of registered agent.	or the purpose of changing its re	gistered office o	r register	ed agent, or both		da. I am familiar with		
SIGNATURE .						4	-19-09		
	Signature, typed or printed name or registered agent	and title if applicable. (NOTE: F	Registered Agent signa	ture required	when reinstating)		DATE		
Fi	Signature, typed or printed name or registregations illing Fee is \$50.00 ue by May 1, 2004	and title if applicable. (NOTE: F	Registered Agent signa	ture required	when reinstating)		check payable to Department of Sta		
Fi	iling Fee is \$50.00 ue by May 1, 2004 MANAGING MEMBE		Registered Agent signa				Department of Sta	ate	
9.	iling Fee is \$50.00 ue by May 1, 2004 MANAGING MEMBE		10. TITLE	me	-R	Florida ADDITIONS/C	Department of Sta	ate	
Fi Do	iling Fee is \$50.00 ue by May 1, 2004 MANAGING MEMBE	ERS/MANAGERS	10.	MG	-R 14e-Vier	ADDITIONS/C	Department of Sta CHANGES  The Change	Addition	
9. TITLE NAME	iling Fee is \$50.00 ue by May 1, 2004 MANAGING MEMBE MGR DUARTE-VIERA, ANIBAL J	ERS/MANAGERS	10. TITLE NAME	MG DUA 583	-R 14e-Vier 35 BLUE	ADDITIONS/O A. ANIBAL ELAGOON L	Department of State  CHANGES  Change  Change  Change  Change  Change  Change	Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGR DUARTE-VIERA, ANIBAL J 8550 NW 33RD STREET, SUITE MIAMI, FL 33122 MGR	ERS/MANAGERS	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MG DUA 583 MI	-R 14e-Vier 35 BLUE AMI F	ADDITIONS/O ADDITIONS/O A, ANIBAL FLAGOON L L 33126	Department of Sta CHANGES  (I) Change  J. S. UIT & 2  - 206.7	Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBE MGR DUARTE-VIERA, ANIBAL J 8550 NW 33RD STREET, SUITE MIAMI, FL 33122 MGR GUZZO, JOHN R	ERS/MANAGERS  Defete  200	TIO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MG DUA 583 MI	-R 14e-Vier 35 BLUE AMI F	ADDITIONS/O ADDITIONS/O A, ANIBAL FLAGOON L L 33126	Department of Sta CHANGES  (I) Change  J. S. UIT & 2  - 206.7	Addition	
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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 effect the second statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

MANAGER, OR AUTHORIZED REPRESENTATIVE

4-09-04

78637/8234

Daytime Phone #