


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000027842	
1. Entity Name 84 - LTS, LLC	

Principal Place of Business 5779 N.W. 151 STREET MIAMI LAKES, FL 33014	Mailing Address 5779 N.W. 151 STREET MIAMI LAKES, FL 33014
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2. Principal Place of Business 14160 Palmetto Frontage Rd Suite, Apt. #, etc. 21 City & State Miami Lakes, FL Zip 33016	3. Mailing Address 14160 Palmetto Frontage Rd Suite, Apt. #, etc. 21 City & State Miami Lakes, FL Zip 33016
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03262004	Chg-LLC	CR2E083 (10/03)	5/25
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent CORREA, DANNY ESQ. C/O ARAN CORREA & GUARCH, P.A. 710 SOUTH DIXIE HIGHWAY CORAL GABLES, FL 33146	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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	(NOTE: Registered Agent signature required when registering)	DATE
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Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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: <u>Alexander Vega</u>	Date: <u>4/30</u>	Daytime Phone #
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FILED

04 MAY 25 AM 11:08

yes
STATE
TALLAHASSEE FLORIDA

MJH

