

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 18, 2004 8:00 am
Secretary of State

05-18-2004 90198 013 ****55.00

DOCUMENT # L03000031462

1. Entity Name
PEACH EIGHTEEN PROPERTIES, LLC



Principal Place of Business
 1111 KANE CONCOURSE, SUITE 301
 BAY HARBOR, FL 33154

Mailing Address
 1111 KANE CONCOURSE, SUITE 301
 BAY HARBOR, FL 33154



2. Principal Place of Business
 1680 MICHIGAN AVE
 Suite, Apt. #, etc. 736

3. Mailing Address
 1680 MICHIGAN AVE
 Suite, Apt. #, etc. 736

04192004 Chg-LLC CR2E083 (10/03)

City & State
 MIAMI BEACH, FL

City & State
 MIAMI BEACH, FL

Zip 33139 Country USA

Zip 33139 Country USA

4. FEI Number
 20-0168733

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 SPIEGEL & UTRERA, P.A.
 1840 SW 22ND ST.
 4TH FLOOR
 MIAMI, FL 33145

7. Name and Address of New Registered Agent
 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	MGR KLEIN, AVI 1111 KANE CONCOURSE, SUITE 301 BAY HARBOR, FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ **4/28/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #