


**FILED**  
**May 14, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90082 014 \*\*\*\*50.00

**2004 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

<b>DOCUMENT # L03000032593</b>			
1. Entity Name C.M.T. ENTERPRISES, LLC			
Principal Place of Business 2999 NE 191ST ST, STE 900 AVENTURA, FL 33180 <i>317-71 Street Miami Beach, Fla 33141</i>		Mailing Address 2999 NE 191ST ST, STE 900 AVENTURA, FL 33180 <i>317-71 Street Miami Beach, Fla. 33141</i>	
2. Principal Place of Business		3. Mailing Address	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
04122004		Chg-LLC CR2E083 (10/03)	
4. FEI Number <i>58-2678043</i>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<del>SCHIFFMAN, ADAM R 2999 NE 191ST ST, STE 900 AVENTURA, FL 33180</del>		Name <i>DONALD J. KAHN ESQ</i>	
<i>DONALD J. KAHN ESQ 317-71 STREET Miami Beach, Florida 33141</i>		Street Address (P.O. Box Number is Not Acceptable) <i>317-71 STREET</i>	
		City <i>MIAMI BEACH</i>	
		State <i>FL</i> Zip Code <i>33141</i>	
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 <i>Donald J. Kahn</i>		DATE <i>5-12-04</i>	
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	<i>MGR SCHIFFMAN, ADAM R ESQ 2999 NE 191ST ST, STE 900 AVENTURA, FL 33180</i>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>DONALD J. KAHN ESQ 317-71 STREET MIAMI BEACH, FLA 33141</i>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<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 606, Florida Statutes.			
SIGNATURE: <i>Zurab Papush</i>		DATE: <i>4/20/04</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE DAYTIME PHONE #	

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