

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

4/28/2004

FILED
Jul 26, 2004 8:00 am
Secretary of State

04-28-2004 90090 001 ***100.00

DOCUMENT # L03000033043 1. Entity Name EUCLID MAISON LLC			
Principal Place of Business 3525 FLAMINGO DR. MIAMI BEACH FL 33139		Mailing Address 3525 FLAMINGO DR. MIAMI BEACH FL 33139	
2. Principal Place of Business 1633 Jefferson Ave Suite, Apt. #, etc. C/O Ray Reilly City & State Miami Beach, FL Zip 33139		3. Mailing Address 1633 Jefferson Ave Suite, Apt. #, etc. C/O Ray Reilly City & State Miami Beach, FL Zip 33139	
4. FEI Number 380-26-5584		Applied For ☐ Not Applicable	
5. Certificate of Status Desired. ☐ \$5.00 Additional Fee Required		MOORE CR2E083 (11/03)	
6. Name and Address of Current Registered Agent STEINBERG, PAUL B ESQ 767 ARTHUR GODFREY RD. MIAMI BEACH FL 33140-3413		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ State 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 _____ Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when registering)			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP MGR LEDDICK, DAVID 3525 FLAMINGO DR. MIAMI BEACH FL 33139	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ 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>David Leddick</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

34003536



MOORE CR2E083 (11/03)

4. FEI Number
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**STEINBERG, PAUL B ESQ
767 ARTHUR GODFREY RD.
MIAMI BEACH FL 33140-3413**

City _____ State **FL** Zip Code _____

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #