2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

4/28/2

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

04-28-2004 90090 001 ***100.00

[redacted]

MOORE CR2E083 (11/03)

DOCUMENT # L03000033045

1. Entity Name

833 WEST 39TH MAISON LLC

Principal Place of Business	Mailing Address
3525 FLAMINGO DR. MIAMI BEACH FL 33139	3525 FLAMINGO DR. MIAMI BEACH FL 33139

2. Principal Place of Business	3. Mailing Address
1633 Jefferson Ave	1633 Jefferson Ave
Suite, Apt. #, etc.: C/o Ray Reilly	Suite, Apt. #, etc.: C/o Ray Reilly
City & State: Miami Beach, FL	City & State: Miami Beach, FL
Zip: 33139 Country:	Zip: 33139 Country:

4. FEI Number: 380-262-5584 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STEINBERG, PAUL B ESQ 767 ARTHUR GODFREY RD. MIAMI BEACH FL 33140-3413	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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 33140	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	POSTED	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RECEIVED	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	APR 21 2004	☐ Change ☐ 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: David Leddick 4/20/04 305-962-1896
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #