

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90018 001 ****50.00

DOCUMENT # L03000036739													
1. Entity Name S.T., LLC													
Principal Place of Business 20750 W. DIXIE HWY NO. MIAMI BEACH, FL 33180 US		Mailing Address 20750 W. DIXIE HWY NO. MIAMI BEACH, FL 33180 US											
2. Principal Place of Business 20750 W. Dixie Hwy Suite, Apt. #, etc.		3. Mailing Address 20750 W. Dixie Hwy Suite, Apt. #, etc.											
City & State N. Miami Beach, FL Zip 33180 Country USA		City & State N. Miami Beach, FL Zip 33180 Country USA		4. FEI Number 41-2110272 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> <td style="padding: 2px;">Not Applicable</td> </tr> </table>		Applied For	Not Applicable						
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 LEOPOLD, KORN & LEOPOLD, P.A. 20801 BISCAYNE BLVD. STE 501 AVENTURA, FL 33180				7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td colspan="2" style="padding: 2px;">City</td> </tr> <tr> <td style="padding: 2px; width: 50%;">FL</td> <td style="padding: 2px;">Zip Code</td> </tr> </table>		Name		Street Address (P.O. Box Number is Not Acceptable)		City		FL	Zip Code
Name													
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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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____													
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	MGRM <input type="checkbox"/> Delete		TITLE	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME	GOLDRING, MAURICIO		NAME	HGRM INVESTMENTS, LLC									
STREET ADDRESS	20750 W. DIXIE HWY		STREET ADDRESS	11000 NW 32ND AVENUE									
CITY-ST-ZIP	NO. MIAMI BEACH, FL 33180		CITY-ST-ZIP	MIAMI, FL 33167									
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME	SALAMA, ELIAS		NAME	HGRM INVESTMENTS, LLC									
STREET ADDRESS	11000 N.W. 32ND AVENUE		STREET ADDRESS	20750 W. DIXIE HIGHWAY									
CITY-ST-ZIP	MIAMI, FL 33167		CITY-ST-ZIP	N MIAMI BEACH, FL 33180									
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME			NAME										
STREET ADDRESS			STREET ADDRESS										
CITY-ST-ZIP			CITY-ST-ZIP										
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STREET ADDRESS			STREET ADDRESS										
CITY-ST-ZIP			CITY-ST-ZIP										
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>MAURICIO T. GOLDRING</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			29/04/04 305.9339334 <small>Date Daytime Phone #</small>										