2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AF)

FILED May 13, 2004 8:00 am Secretary of State

1. Entity Name	H.LLC	±1.00 m	04-26-2004 90056 015 ****50.00				
Principal Place of Business 14851 S.W. 177 TERRACE MIAMI FL 33187		Mailing Address 14851 S.W. 177 TERRACE MIAMI FL 33187			34006048		
2. Principal Pla	ice of Business	3. Mailing Address					
Sugar App. M. and		Side And A sto	Suite, Apt. #, etc.		9999 KKY CSAN STILL FOUR COURT I	TEU 1830 CIÙY SYYDI MÒSI	RI III IEDI
Suite, Apt. #. etc.		Suite, Apt. #, etc.			MOORE CR2E083 (11/03)		
City & State		City & State	City & State				olied For Applicable
Zip	Country	Zip	Country	5. Certificate of Sta		\$5.00 Addit	
	6. Name and Address of Curre	nt Registered Agent		7. Name and Add	ress of New Registers		
			Name	en e			an in one a
MARRERO, TANIA 14851 S.W. 177 TERRACE MIAMI FL 33187				Street-Address (P.O. Box Number-is Not Acceptable)			
•			City			Zip Code	
the obligation	named entity submits this statement ons of registered agent. Signature, typed or priviled name of registered as	pent and take if applicable. (N		une required when reinstailing)	DA	· · · · · · · · · · · · · · · · · · ·	
	en e	Make Check Paya	ible to Florida De Jue By May 1, 200	partment of State			٧.
19.545	MANAGING MEN lanaging Member	MBERS/MANAGERS Delete	TITLE	Managing Wer	ADDITIONS CHANG	GES Change	AZ Addition
MAME STREET ADDRESS CITY-ST-ZIP	Tania Marrero 14851 SW 177th	NAME STREET ADDRESS CITY-ST-ZIP	Tania Marrero 14851 SW 1771 Miami FL 33	th Terrace		_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Miami, FL 33187	☐ Ociete	TITLE MAME STREET ADDRESS CITY-ST-ZIP	MIAMI, EL 33.		(Change	Addition
TITLE	<u> </u>	☐ Delete	TITLE			☐ Change	Addition
STREET ADDRESS		د چارونسارداندی از است ا ا	STREET ADDRESS CITY-ST-ZIP	, <u></u> ,		ر معیاد دی ایس افغانی	, <u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZBP			☐ Change	☐ Addition
11. I hereby indicated	certify that the information supplied on this report is true and accurate ability company or the receiver or to	and that my signature shall hi	y tor the exemption s ave the same legal of this report as require	d by Chapter 608, Florida Sta	iati am a managing n	nemoer or manag	ie or ne