

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000039444

FILED
Aug 16, 2004
Secretary of State

Entity Name: MARSHALL, AMAYA & ANTON, P.L.

Current Principal Place of Business:

3663 SOUTH MIAMI AVENUE
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

3663 SOUTH MIAMI AVENUE
MIAMI, FL 33133

New Mailing Address:

3618 PALMETTO AVENUE
COCONUT GROVE, FL 33133

FEI Number: 65-0919188

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMAYA, JORGE P
3663 SOUTH MIAMI AVENUE
MIAMI, FL 33133

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: MARSHALL, JOHN
Address: 3663 SOUTH MIAMI AVENUE
City-St-Zip: MIAMI, FL 33133

Title: MGRM () Delete
Name: AMAYA, JORGE P
Address: 3663 SOUTH MIAMI AVENUE
City-St-Zip: MIAMI, FL 33133

Title: MGRM () Delete
Name: ANTON, XAVIER
Address: 3663 SOUTH MIAMI AVENUE
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ANTON XAVIER

MGRM

08/16/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date