# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 28, 2004 8:00 am**
**Secretary of State**
04-28-2004 90070 039 ****50.00

DOCUMENT # L03000040992

1. Entity Name
909 S.E. 3RD, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| C/O CUSPAV REALTY, INC.<br>1646 S.E. 3RD CT.<br>DEERFIELD BEACH, FL 33441 | C/O CUSPAV REALTY, INC.<br>1646 S.E. 3RD CT.<br>DEERFIELD BEACH, FL 33441 |

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

04232004 Chg-LLC CR2E083 (10/03)

4. FEI Number [X] 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 |
|---|---|
| ZIMMERMAN, STEPHEN L ESQ<br>737 EAST ATLANTIC BLVD.<br>POMPANO BEACH, FL 33060 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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

**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 | MGR [X] Delete | TITLE | D [ ] Change [X] Addition |
| NAME | MANGIARANO, FRANCESCO | NAME | PAVONE, JUAN |
| STREET ADDRESS | C/O CUSPAV REALTY, INC. | STREET ADDRESS | 1646 SE 3RD CT |
| CITY-ST-ZIP | DEERFIELD BEACH, FL 33441 | CITY-ST-ZIP | DEERFIELD BEACH, FL, 33441 |
| TITLE | [ ] Delete | TITLE | D [ ] Change [X] Addition |
| NAME | | NAME | PAVONE, CELESTE |
| STREET ADDRESS | | STREET ADDRESS | 1646 SE 3RD CT |
| CITY-ST-ZIP | | CITY-ST-ZIP | DEERFIELD BEACH, FL, 33441 |
| TITLE | [ ] Delete | TITLE | [ ] Change [ ] Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | [ ] Delete | TITLE | [ ] Change [ ] Addition |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | [ ] Delete | TITLE | [ ] Change [ ] Addition |
| NAME | | NAME | |
| 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:** _____ JUAN PAVONE 4/26/04 954/421-0520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ASSIGNEMENT OF INTEREST IN LLC

Francesco Mangiarano, As Assignor, being the owner and Manager of 909 S.E. 3RD, LLC, a Florida Limited Liability Company, hereby assignes all of his right, title and interest therein, as well as the right to act as Manager thereof, to JULIO AND CELESTE PAVONE, Husband and Wife, and the Assignor represents that the said LLC has ne debts or claims against it of any kind whatsoever.

Assignor authorizes Assignee to execute such documentation, and to file same with the office of the Secretary of State, as may be necessary in order to effectuate this assignment.

Francesco Mangiarano, as Assignor

Witness

Witness

Date: April 9th, 2004

L03000040992

Attachments

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