2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State
04-28-2004 90060 040 ****50.00

24056861

DOCUMENT # L03000042618

1. Entity Name
STATION NORTH, LLC

Principal Place of Business	Mailing Address
~~2875 N.E. 191 STREET~~ ~~SUITE 702B~~ ~~AVENTURA, FL 33180~~ US	~~2875 N.E. 191 STREET~~ ~~SUITE 702B~~ ~~AVENTURA, FL 33180~~ US

04152004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
1100 N. FEDERAL HWY	18851 NE 29 AV
Suite, Apt. #, etc.	Suite, Apt. #, etc. 105
City & State: FORT LAUDERDALE, FL	City & State: AVENTURA, FL
Zip: 33304 Country: US	Zip: 33180 Country: US

4. FEI Number 87-0715461 ☐ 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
LEOPOLD, KORN & LEOPOLD, P.A. 20801 BISCAYNE BLVD. SUITE 501 AVENTURA, FL 33180	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 _____ 04/22/04
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BARREIRO, PABLO 2875 N.E. 191 STREET AVENTURA, FL 33180	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BARREIRO, PABLO 18851 NE 29 AV. SUITE 105 AVENTURA, FL 33180	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LORENZINO, JUAN PABLO 2875 N.E. 191 STREET AVENTURA, FL 33180	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LORENZINO, JUAN PABLO 18851 NE 29 AV SUITE 105 AVENTURA, FL 33180	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SAFDIE, LILIANA 2875 N.E. 191 STREET AVENTURA, FL 33180	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SAFDIE, LILIANA 18851 NE 29 AV SUITE 105 AVENTURA, FL 33180	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BARREIRO, BEATRIZ 2875 N.E. 191 STREET AVENTURA, FL 33180	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BARREIRO, BEATRIZ 18851 NE 29 AV SUITE 105 AVENTURA, FL 33180	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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

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: _____ PABLO BARREIRO 04/22/04 (305) 522-6007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #