

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90024 022 \*\*\*\*50.00

<b>DOCUMENT # L03000042951</b> 1. Entity Name <b>AURORA MANAGEMENT LLC</b>	
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Principal Place of Business <b>5025 COLLINS AVE., APT. 2409 MIAMI BEACH, FL 33140</b>	Mailing Address <b>5025 COLLINS AVE., APT. 2409 MIAMI BEACH, FL 33140</b>
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2. Principal Place of Business <i>12550 Biscayne Blvd, Suite 500</i> Suite, Apt. #, etc. <i>North Miami, FL</i> City & State	3. Mailing Address <i>12550 Biscayne Blvd, Suite 500</i> Suite, Apt. #, etc. <i>North Miami, FL</i> City & State
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04072004 Chg-LLC CR2E083 (10/03)

Zip <b>33181</b>	Country <b>USA</b>	Zip <b>33181</b>	Country <b>USA</b>
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4. FEI Number <b>90-0125587</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**ANGEL, SPENCER**  
**5025 COLLINS AVE., APT. 2409**  
**MIAMI BEACH, FL 33140**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (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	
TITLE NAME <i>Managing Partner</i> <input type="checkbox"/> Delete STREET ADDRESS <i>Spencer Angel</i> CITY-ST-ZIP <i>12550 Biscayne Blvd, Suite 500</i> <i>North Miami 33181</i>	
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 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:** \_\_\_\_\_ *Spencer Angel* 4/7/04 3058687180

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #