## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

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

## FILED Apr 26, 2004 8:00 am Secretary of State

Daytime Phone #

ANNUAL REPURI					Secretary of State			
1. Entity Nam	MENT # L03000043			04-26-2004 90035 016 ****50.00				
Principal Place of Business Mailing Address					_			
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		XSQXQXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			24053535			
Principal Place of Business     150 SE 2ND AVENUE		3. Mailing Address 150 SE 2ND AVENUE						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04232004	Cha LLC	CD0Enga /40/02\		
SUITE #1200		SUITE #1200			+···g+	CR2E083 (10/03)		
City & State  MTAMI, FL		City & State		4. FEI Num	ber <b>20-103531</b>		olied For Applicable	
Zip	Country	MIAMI, FL	Country			\$5.00 Audit		
33131	US	33131	UŚ	5. Certifica	te of Status Desired	Fee Required		
	6. Name and Address of Current	Registered Agent		7. Name ar	nd Address of New Re	egistered Agent		
ROSEN, B	nopis		. Name	BORIS ROSEN	ı	-	·	
	ND AVE, STE 1009		Street A	ddress (P.O. Box Num	ber is Not Acceptable)	)		
IVIIAWII, FL	33131			150 SE 2ND	AVENUE, SUI	TE #1200		
_	9.	. (	City		11.11.10.1	FL Zip Code	2 1	
	named entity submits this statement of	r the purpose of changing is re	egistered office or	MIAMI registered agent, or b	ooth, in the State of Flor			
the obligat	ions of registered agent.	$\omega M Z$				4820	$\varphi$	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: I	Registered Agent signati	ure required when reinstating)		DATE	<del>/</del>	
-			,	+				
Fi D	iling Fee is \$50.00 ue by May 1, 2004		•			check payable to Department of State	o. , ·	
9.	, MANAGING MEMBE	RS/MANAGERS	10.		ADDITIONS/			
TITLE	PVPS >	☐ Delete	TITLE	PVPS	,	Change	Addition	
NAME STREET ADDRESS	ROSEN, BORIS 15200 BISCAYNE BLVD.		NAME STREET ADDRESS	ROSEN, BO	KIS D <b>AVENUE, S</b> I	ITTE #1200		
CITY-ST-ZIP	MIAMI, FL 33160		CITY-ST-ZIP	MIAMI, FL		JIID BILOU		
TITLE	T	☐ Delete	TITLE	T		X Change	☐ Addition	
NAME '	ROSEN, BORIS		NAME	ROSEN, BO	RIS AVENUE, SUI	rmp #1200		
STREET ADDRESS CITY-ST-ZIP	1 <del>5200 BISCAYNE BLVD.</del> MIAMI, FL 33160		STREET ADDRESS CITY-ST-ZIP	MIAMI, FL		LIE #1200		
	ANAGING MINISTS	☐ Delete	TITLE	MANAGING M		Change	<b>▼</b> Addition	
TITLE NAME		Li Delete	NAME	BORIS ROSE			A Production	
STREET ADDRESS	- <del> </del>	· ·	STREET ADORESS	150 SE 2ND	AVENUE, SU	ITE #1200		
CITY-ST-ZIP		- <del></del>	CITY-ST-ZIP	MIAMI, FI.			F-71	
TITLE NAME		☐ Delete	TITLE NAME	MANAGING M		☐ Change	Addition	
STREET ADDRESS			STREET ADDRESS	KENNETH E.	ROSEN AVENUE, SU	TTE #1200		
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI, FL.		2111 12200		
TITLE		☐ Delete	TITLE	-		Change	Addition	
NAME CTREET ADDRESS			NAME STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP					
TITLE	-	Delete	TITLE		· · ·	☐ Change	Addition	
NAME			· NAME		_		<b>'</b> .`	
STREET ADDRESS			STREET ADDRESS	_	-	•		
CITY-ST-ZIP		a dela Cita a al Cr. r	CITY-ST-ZIP	tod in Section 110 CT	(2)(i) Florida Ctatuta - 1	further certify that the !-	formation	
11. I hereby indicated	certify that the information supplied with d on this report is true and accurate and ability company or toe receiver or truste	n this filing does not qualify for I that my signature shall have th	me exemption sta he same Jegal effe	ect as if made under o	эді), гюнаа Statutës. I ath; that I am a manag	ing member or manage	r of the	
limited lia	ability company or the receiver or truste	e empowered to execute this re	eport as required	by Chapter 608, Florid	ia Statutes.			