

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 08, 2004 8:00 am
Secretary of State

04-16-2004 90408 026 ****50.00

34009154



MOORE CR2E083 (11/03)

DOCUMENT # L03000044188 1. Entity Name EP TIRE, LLC					
Principal Place of Business 2875 N.E. 191ST STREET SUITE 500 AVENTURA FL 33180 US			Mailing Address 2875 N.E. 191ST STREET SUITE 500 AVENTURA FL 33180 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSENTHAL, KERRY E 2875 N.E. 191ST STREET SUITE 500 AVENTURA FL 33180			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 _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER Kerry E. Rosenthal 2875 N.E. 191 St., Suite 500 Aventura, Florida 33180	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ SIGNATURE AND TITLE OF PRINTED NAME OF PRINTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			4/6/04 305-937-0300 Date Daytime Phone #		

LAW OFFICES



ROSENTHAL
ROSENTHAL
RASCO, LLC

Attachment
34009154

TO: DIRECTOR

FROM: ELAINE M. HING, Legal Asst. July 6, 2004

Florida Department of State
Division of Corporation
P.O. Box 6478
Tallahassee, FL 32314

EDUARDO I. RASCO

ALAN S. ROSENTHAL
Certified Civil Mediator

KERRY E. ROSENTHAL
Florida Board Certified
Real Estate Attorney

STACI H. GENET

JESSICA B. LASSMAN
Certified Family Mediator

HEATHER A. SCOTT

Attn: Annual Reports Section

Re: EP TIRE, LLC
Document No. L03000044188

Dear Sir/Madam:


On April 6, 2004 the 2004 Annual Business Request was submitted for filing with the required filing fees for the above-referenced entity, but the same was returned for omission of information. Enclosed herewith please find a copy of the corrected report, along the a copy of the Division's letter. Please file said report, and cancel any notice of intent to dissolve issued by the Division.

Thank you for your courtesy and cooperation in connection with this matter. Should you have any questions, please do not hesitate to contact the undersigned.

Very truly yours,

ROSENTHAL ROSENTHAL RASCO

By:


Elaine M. Hing, Legal Asst.

/emh
encls.

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