## **2004 LIMITED LIABILITY COMPANY** ANNUAL REPORT

SIGNATURE:

## **Secretary of State DOCUMENT # L03000046648** 03-24-2004 90300 037 \*\*\*\*50.00 1. Entity Name MYRÁ STREET LLC Principal Place of Business Mailing Address ONE FINANCIAL PLAZA ONE FINANCIAL PLAZA #2001 #2001 FT. LAUDERDALE, FL 33394 FT. LAUDERDALE, FL 33394 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092004 Chg-LLC CR2E083 (10/03) 4. FEI Number Applied For City & State City & State 43-2636302 Not Applicable Zip Country Zio Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6." Name and Address of Current Registered Agent MARK, BRIAN H Street Address (P.O. Box Number is Not Acceptable) ONE FINANCIAL PLAZA #2001 FT. LAUDERDALE, FL 33394 City Zip Code FI 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) Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MURM ☐ Change Addition TITLE TITLE ☐ Delete Brian H Mark NAME NAME One Financial Plaza, # 2001 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Ft. Landerdale, FL 33394 ☐ Delete TITLE MGRM ☐ Change Addition TITLE Lance Shinder 2300 Glader Rd, Suite 207 East NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Boca Raton, FL 33431 ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition TITLE Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP City-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Mar 24, 2004 8:00 am

954-523-2070

Daytime Phone #

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