2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 30, 2004 8:00 am Secretary of State 03-30-2004 90068 008 ****50.00

Daytime Phone #

1. Entity Nam 1803 MUI					03-30	-2004 9	0008 00	8 *****30.0		
Principal Place 1111 BRICKE MIAMI, FL 33	ELL AVENUE, SUITE 1700 (RFH)	Mailing Address 1111 BRICKELL AVENUE, SUITE 1700 (RFH) MIAMI, FL 33131				ı.	62U	 	J	
2. Principal P										
Suite Ant	ff ata	3. Mailing Address Suite, Apt. #, etc.) 6 m m (4 m 71 m 71	MUCHA IFRIC MAIJIE A MISI K BIE	a Maill Mighal Sa	itim mitme miedi. etm	EM IN IEM	
Suite, Apt. #, etc.					· · · · ·	03032004	Chg-LLC	CR2E0	83 (10/03)	
City & Stat	e	City & State				4. FEI Numbs	-0445830			plied For t Applicable
Zip	Country	Zip Cour		ntry		5. Certificate	of Status Desired	S5.00 Additional		
	·	7. Name and Address of New Registered Agent								
CTCORP		Name								
1200 SOU PLANTATI			Street A	•	-	r is Not Acceptable	•		کبے: ح	
1									,	
				City				FL	Zip Cod	
	named entity submits this statement fo ions of registered agent.	r the purpose of changing its	register	ed office.or	r. register	ed agent, or boli	n, in the State of F.o	rida. Lam	familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	ANOTHER PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS O	F. D			when reinstating)		DATE		
	Signature, (Fred or printed rights on operation agent	and title it approaches. (AC)	C: ARGISTAR	o Agera arguati	ure required	wien reinstatungs		PARTE TERM		
Filing Fee is \$50.00 Due by May 1, 2004								Departm	ayable to ent of State	
9. TILE	Manager Manager	RS/MANAGERS Delete	10.				ADDITIONS/	CHANGES		Addition
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Thereby 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 eath; that I am a managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. 10 HARCH 2004 SIGNATURE: VVVW VV SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE