

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Jun 09, 2004 8:00 am
Secretary of State

05-04-2004 90023 045 *****50.00

DOCUMENT # L03000048834					
1. Entity Name AIRPORT FLEX WAREHOUSE PARK, LLC					
Principal Place of Business 407 LINCOLN RD, STE 9L MIAMI BEACH, FL 33139			Mailing Address 407 LINCOLN RD, STE 9L MIAMI BEACH, FL 33139		
2. Principal Place of Business 7311 NW 12 ST Suite, Apt. #, etc. # 30			3. Mailing Address 7311 NW 12 STREET Suite, Apt. #, etc. # 30		
City & State MIAMI FL			City & State MIAMI FL		
Zip 33126	Country USA	Zip 33126	Country USA	4. FEI Number 52 2418390	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MARK DANIA 407 LINCOLN RD, STE 9L MIAMI BEACH, FL 33139 7311 NW 12 STREET # 30 MIAMI, FL 33126			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 <u>Dania Mark</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HAIM WIENER MANAGING MEMBER 7311 NW 12 ST # 30 MIAMI		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>[Signature]</u>			Date: <u>4/26/04</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

34008425



04262004 Chg-LLC CR2E083 (10/03)