


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90068 018 ****50.00

DOCUMENT # L03000048866	
1. Entity Name 13008, LLC	

Principal Place of Business 12550 BISCAYNE BLVD, STE 405 NORTH MIAMI, FL 33181	Mailing Address 12550 BISCAYNE BLVD, STE 405 NORTH MIAMI, FL 33181
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2. Principal Place of Business 1911 HARRISON street Suite, Apt. #, etc.	3. Mailing Address 1911 HARRISON street Suite, Apt. #, etc.
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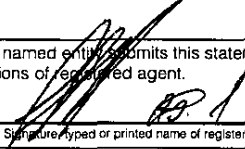
City & State Hollywood, FLORIDA	City & State Hollywood, FLORIDA
Zip 33020	Country U.S.A



04272004 Chg-LLC CR2E083 (10/03)

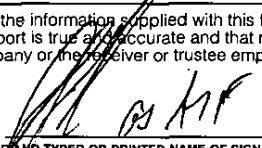
6. Name and Address of Current Registered Agent JACOBS, ERIC A ESQ GRISALES & JACOBS, LLP 12550 BISCAYNE BLVD, STE 405 NORTH MIAMI, FL 33181	
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7. Name and Address of New Registered Agent Name: JACOBS, ERIC A, ESQ Street Address (P.O. Box Number is Not Acceptable): 1911 HARRISON street City: Hollywood FL Zip Code: 33020	
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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: 	DATE: 04-27-04

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTINEZ, SERGIO 12550 BISCAYNE BLVD, STE 405 NORTH MIAMI, FL 33181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTINEZ, Sergio 1911 HARRISON street Hollywood, FL 33020 <input checked="" 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: 	DATE: 04-27-04 Daytime Phone #: 954 929 0679