2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 29, 2004 8:00 am Secretary of State **DOCUMENT # L03000048866** 04-29-2004 90068 018 ****50.00 1. Entity Name 13008, LLC Mailing Address Principal Place of Business 12550 BISCAYNE BLVD, STE 405 12550 BISCAYNE BLVD, STE 405 NORTH MIAMI, FL 33181 NORTH MIAMI, FL 33181 2. Principal Place of Business 3. Mailing Address 1911 HARRISON 1911 HARRISO Suite, Apt. #, etc. Suite, Apt. #, etc 04272004 Cha-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For FLORIDIA FRORIDA Hollywood Not Applicable polymood Country \$5.00 Additional 5. Certificate of Status Desired A ک د ن 33020 <u>۵</u>.ک.۵ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JACOBS, ERIC A, ESQ JACOBS, ERIC A ESQ Street Address (P.O. Box Number is Not Acceptable) GRISALES & JACOBS, LLP 12550 BISCAYNE BLVD, STE 405 NORTH MIAMI, FL 33181 Zip Code 3302の HOLLywood nits 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 8. The above named on the obligations of 27-06 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make check payable to Filing Fee is \$50.00 Florida Department of State Due by May 1, 2004 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGRIM MGRM Change ☐ Addition TITLE ☐ Delete TITLE MARKINEZ, Sevy10 MARTINEZ, SERGIO NAME NAME STREET ADDRESS 12550 BISCAYNE BLVD, STE 405 STREET ADDRESS 1911 HARIELION CITY-ST-ZIP NORTH MIAMI, FL 33181 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 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 me preference or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

9290679

Daytime Phone #