

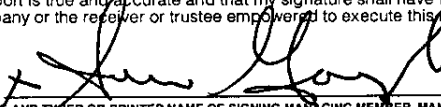


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 02, 2004 8:00 am
Secretary of State

08-02-2004 90114 044 ****55.00

| | | | | | |
|---|--|--|--|--|---|
| DOCUMENT # L03000051937 1. Entity Name MES PROPERTIES, LLC | | | |  | |
| Principal Place of Business 12019 S.W. 77 TERRACE MIAMI, FL 33183 | | | Mailing Address 12019 S.W. 77 TERRACE MIAMI, FL 33183 | | |
| 2. Principal Place of Business 3950 DAVIE ROAD | | 3. Mailing Address 3950 DAVIE ROAD | |  | |
| Suite, Apt. #, etc. DAVIE | | Suite, Apt. #, etc. | | | |
| City & State FL | | City & State DAVIE FL | | | |
| Zip 33314 | | Zip 33314 | | | |
| Country Broward | | Country Broward | | 07162004 Chg-LLC CR2E083 (10/03) | |
| 4. FEI Number 84-1643878 | | | | <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent GONZALEZ, SONIA 12019 S.W. 77 TERRACE MIAMI, FL 33183 | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by September 8, 2004 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GONZALEZ, SONIA 12019 S.W. 77 TERRACE MIAMI, FL 33183 | | <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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| 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:  | | | x 7/28/04 x 954-327-3536 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date Daytime Phone # | | |