

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90078 025 ****55.00

DOCUMENT # L03000052465 1. Entity Name 6300 NE 4TH COURT, LLC			
Principal Place of Business 701 BRICKELL AVENUE 1480 MIAMI, FL 33131		Mailing Address 701 BRICKELL AVENUE 1480 MIAMI, FL 33131	
2. Principal Place of Business 141 NE 3rd AVE Suite, Apt. #, etc. 1100		3. Mailing Address 141 NE 3rd AVE Suite, Apt. #, etc. 1100	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33132	Country US	Zip 33132	Country US
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input 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 HERNANDEZ-CANTON, CESAR A 701 BRICKELL AVENUE 1480 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name JUAN DIEGO CALLE Street Address (P.O. Box Number is Not Acceptable) 141 NE 3rd AVE SUITE 1100 City MIAMI FL Zip Code 33132	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>JUAN DIEGO CALLE</u> <u>Juan Trujillo</u> 04/08/04 <small>Signature, typed or printed name of registered agent and fee applicable. (NOTE: Registered Agent signature required when remaining)</small>			
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	MGRM CALLE-ACEVEDO, NELSON D 701 BRICKELL AVENUE MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JUAN JOSE TRUJILLO 141 NE 3rd AVE SUITE 1100 MIAMI FL 33132 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERNANDEZ-CANTON, CESAR A 701 BRICKELL AVENUE MIAMI, FL 33131 <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
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
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: <u>JUAN JOSE TRUJILLO</u>		Date <u>04/08/04</u> Daytime Phone # <u>305 372 0075</u>	