

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000023716

FILED
May 15, 2009
Secretary of State**Entity Name:** SR 1204 LLC**Current Principal Place of Business:**10609 NORTHWEST 54TH STREET
DORAL, FL 33178**New Principal Place of Business:****Current Mailing Address:**10609 NORTHWEST 54TH STREET
DORAL, FL 33178**New Mailing Address:****FEI Number:** 22-3976889**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GEOFROY, DAVID
Address: 10609 NORTHWEST 54TH STREET
City-St-Zip: DORAL, FL 33178

Title: S () Delete
Name: GEOFROY, DAVID
Address: 10609 NORTHWEST 54TH STREET
City-St-Zip: DORAL, FL 33178

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: ACOSTA, ROSALBA
Address: 10609 NORTHWEST 54TH STREET
City-St-Zip: DORAL, FL 33178

Title: MGR () Change (X) Addition
Name: PERRETI, EMILIO
Address: 10609 NORTHWEST 54TH STREET
City-St-Zip: DORAL, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID GEOFROY

MGR

05/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date