# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 29, 2004 08:00 AM**
**Secretary of State**

DOCUMENT # L96000000430

1. Entity Name
4055, L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| 4055 N.W. 97TH AVENUE<br>MIAMI, FL 33178 | 4055 N.W. 97TH AVENUE<br>MIAMI, FL 33178 |

**DO NOT WRITE IN THIS SPACE**

04262004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
65-0659623

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CORRADINO, JOSEPH M
4055 N.W. 97TH AVENUE
MIAMI, FL 33178

**DO NOT WRITE IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $50.00**
**Due by May 1, 2004**

U00000140322
04/29/04-80157-016 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MEM |
| NAME | CORRADINO, JOSEOH M |
| STREET ADDRESS | 2501 SW 72 AVENUE |
| CITY-ST-ZIP | MIAMI, FL 33156 |
| TITLE | MEM |
| NAME | CORRADINO, JOSEPH C |
| STREET ADDRESS | 200 S. 5TH ST. SUITE 300 N |
| CITY-ST-ZIP | LOUISVILLE, KY 40202 |
| TITLE | MGR |
| NAME | CORRADINO, NICOLE A |
| STREET ADDRESS | 881 OCEAN DR TH 30 |
| CITY-ST-ZIP | KEY BISCAYNE, FL 33149 |
| TITLE | MEM |
| NAME | CORRADINO, GUY A |
| STREET ADDRESS | 2448 GLENMARY AVE., #4 |
| CITY-ST-ZIP | LOUISVILLE, KY 40204 |
| TITLE | MEM |
| NAME | DEUTSCH, BURT |
| STREET ADDRESS | 9211 SEATON SPRINGS PKWY |
| CITY-ST-ZIP | LOUISVILLE, KY 40222 |
| TITLE | MEM |
| NAME | CORRADINO, DANIELLE M |
| STREET ADDRESS | 1505 SYLVAN CT |
| CITY-ST-ZIP | LOUISVILLE, KY 40205 |

**DO NOT WRITE IN THIS SPACE**

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:** _____ DOUG GREER 4-26-04 (502)587-7221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #