


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # L96000001191 1. Entity Name FLORIDA MARKETING & SALES GROUP, L.C.	
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Principal Place of Business C/O BAUR, MILLER & WEBNER 100 N BISCAYNE BLVD NEW WORLD TWR 21FL MIAMI, FL 33132-2306	Mailing Address C/O BAUR, MILLER & WEBNER 100 N BISCAYNE BLVD NEW WORLD TWR 21FL MIAMI, FL 33132-2306
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01072004 No Chg-LLC CR2E083 (10/03)

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4. FEI Number 65-0728409	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BAUR, THOMAS ESQ
 C/O BAUR, KLEIN, MATOS & RIEDI, P.A.
 100 N BISCAYNE BLVD., FLOOR 2100
 MIAMI, FL 33132-2306

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

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

U000000144727
 04/30/04-80142-023 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AHRABIAN, DARIUS 100 N BISCAYNE BLVD 21ST FLOOR MIAMI, FL 331322306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLORIDA PROPERTY SALES & MARKETING GROUP 100 N BISCAYNE BLVD 21ST FLOOR MIAMI, FL 331322306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAUR, THOMAS 100 N BISCAYNE BLVD #2100 MIAMI, FL 331322306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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:  _____ DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE