


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L98000001599  
1. Entity Name  
1801 BUILDING, LLC



Principal Place of Business  
1801 N.W. 82ND AVENUE  
MIAMI, FL 33126-1013

Mailing Address  
1801 N.W. 82ND AVENUE  
MIAMI, FL 33126-1013

**DO NOT WRITE IN THIS SPACE**



01292004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0862471	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

AGUIRRE, JOSE  
1801 N.W. 82ND AVENUE  
MIAMI, FL 33126-1013

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

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

U00000116279  
04/16/04-80058-009 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AGUIRRE, JOSE 1801 N.W. 82ND AVENUE MIAMI, FL 331261013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROBERTS, LEONARD C 1801 N.W. 82ND AVENUE MIAMI, FL 331261013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROBERTS, BRUCE D 1801 N.W. 82ND AVENUE MIAMI, FL 331261013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GLUKSTAD, PHYLLIS 1801 N.W. 82ND AVENUE MIAMI, FL 331261013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Jose I. Aguirre* Jose I. Aguirre 4/12/04 305-863-2566  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #