

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90031 045 \*\*\*\*50.00

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<b>DOCUMENT # L98000001809</b> 1. Entity Name <b>DONNA-MAR L.L.C.</b>					
Principal Place of Business <b>C/O CYRUS S. WEST 1111 LINCOLN ROAD, SUITE 400 MIAMI BEACH, FL 33139</b>			Mailing Address <b>C/O CYRUS S. WEST 1111 LINCOLN ROAD, SUITE 400 MIAMI BEACH, FL 33139</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 81-4684</b>  Suite, Apt. #, etc.			
City & State		City & State <b>HOLLYWOOD FL.</b>		4. FEI Number <b>65-0862653</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
Zip <b>33081</b>		Country <b>USA</b>		04152004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent  <b>WEST, CYRUS S 1111 LINCOLN ROAD, SUITE 400 MIAMI BEACH, FL 33139</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WEST, CYRUS S 1111 LINCOLN ROAD, SUITE 400 MIAMI BEACH, FL 33139</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> _____			<b>CYRUS S. WEST</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <b>4/15/04</b> Daytime Phone # <b>305-686-0007</b>		