2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/22/2004-90354-037-$50.00-$50.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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07/01/04

DOCUMENT # L98000001900

1. Entity Name
136 COLLINS AVENUE, L.C.

Principal Place of Business	Mailing Address
136 COLLINS AVE. MIAMI BEACH, FL 33139	136 COLLINS AVE. MIAMI BEACH, FL 33139

04112004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
65-0885056
☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEVINE, ALAN W 1110 BRICKELL AVENUE, 7TH FLOOR MIAMI, FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR JONES, ROMAN 1110 BRICKELL AVE., 7TH FLOOR MIAMI BEACH, FL 33131	☐ Delete	MGRM	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Member~~ ~~MGR~~ MGRM ERIC MILON 222 S COCONUT LANE ~~MIAMI BEACH, FL 33139~~	☐ Delete	~~Member~~ MGRM ERIC MILON 222 S COCONUT LN, MIAMI BEACH, FL 33139	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Member~~ ~~MGR~~ MGRM FRANCIS MILON 690 NE 50 TERRACE MIAMI, FL 33137	☐ Delete	~~Member~~ MGRM FRANCIS MILON 690 NE 50 Terrace ~~Miam, FL 33137~~	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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.

SIGNATURE: _____ MGRM 4/15/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #