

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 26, 2004 08:00 AM
Secretary of State

DOCUMENT # L98000001913

1. Entity Name
POWER/WALLACK REAL ESTATE INVESTMENTS, L.L.C.



Principal Place of Business
**3701 NORTHEAST 2ND AVENUE
MIAMI, FL**

Mailing Address
**3701 NORTHEAST 2ND AVENUE
MIAMI, FL**



07202004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-0865591

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KAHN, DONALD J
317 71ST STREET
MIAMI BEACH, FL 33141**

**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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 8, 2004**

000000168454
07/26/04-80014-010 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
POWER, ROSS
3701 NORTHEAST 2ND AVENUE
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
WALLACK, DAVID
3701 NORTHEAST 2ND AVENUE
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CFO
FRANCIS, GREGG S
3701 NORTHEAST 2ND AVENUE
MIAMI, FL**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DATE

Daytime Phone #

GREGG FRANCIS CFO

7/21/04

305 673-4422