


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90193 009 \*\*\*\*50.00

<b>DOCUMENT # L98000002579</b>	
1. Entity Name <b>S.R. 84 GROUP, LLC</b>	

Principal Place of Business <b>1314 E. LAS OLAS BLVD. #1098 FORT LAUDERDALE FL 33301</b>	Mailing Address <b>1314 E. LAS OLAS BLVD. #1098 FORT LAUDERDALE FL 33301</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	City & State	City & State
Zip	Country	Zip	Country



MOORE CR2E083 (11/03)

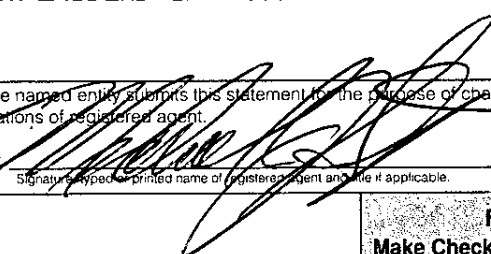
4. FEI Number <b>65-0870171</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>LAWRENCE, DAVID 6400 N ANDEWS AVE STE 320 FORT LAUDERDALE FL 33309</b>
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7. Name and Address of New Registered Agent	
Name <b>MICHAEL J. STYLES, ESQUIRE</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>507 S.E. 11<sup>TH</sup> COURT</b>	
City <b>FORT LAUDERDALE</b>	FL Zip Code <b>33316</b>

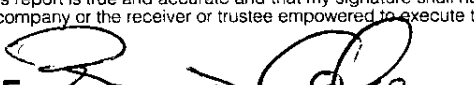
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **2-10-04**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR COHEN, BRYAN 1314 E. LAS OLAS BLVD. #1098 FORT LAUDERDALE FL 33301</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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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 609, Florida Statutes.

SIGNATURE:  DATE **2-10-04** DAYTIME PHONE # **9547635208**