


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90192 006 \*\*\*\*55.00

<b>DOCUMENT # L99000001586</b>	
1. Entity Name <b>SERLIN, L.L.C.</b>	

Principal Place of Business <b>8235 NW 68 STREET MIAMI, FL 33186</b>	Mailing Address <b>8235 NW 68 STREET MIAMI, FL 33186</b>
---	---

2. Principal Place of Business <b>8284 NW 68 street</b>	3. Mailing Address <b>8284 NW 68 street</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

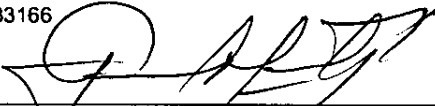
City & State <b>Miami FL</b>	City & State <b>Miami FL</b>
Zip <b>33166</b>	Zip <b>33166</b>
Country	Country



01132004 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>65-0905916</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
---

6. Name and Address of Current Registered Agent	
<b>GUTIERREZ, RAFAEL</b>	
<b>7938 NW 66 ST MIAMI, FL 33166</b>	
	

7. Name and Address of New Registered Agent	
Name <b>GUTIERREZ, RAFAEL</b>	
Street Address (P.O. Box Number is Not Acceptable)	
<b>8284 NW 68 street</b>	
City <b>Miami</b>	Zip Code <b>FL 33166</b>

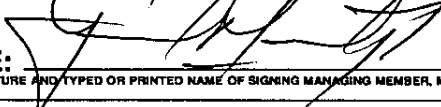
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	DATE <b>1/30/04</b>
-----------	---------------------

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	MGRM GUTIERREZ, RAFAEL 7938 NW 66 ST MIAMI, FL 33166 <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	MGRM GUTIERREZ, GUSTAVO A 7938 NW 66 ST MIAMI, FL 33166 <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	MGRM GUTIERREZ, DIANA C 7938 NW 66 ST MIAMI, FL 33166 <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	MGRM GUTIERREZ, CESAR A 7938 NW 66 ST MIAMI, FL 33166 <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	MGRM MONTANEZ, GRACIELA 7938 NW 66 ST MIAMI, FL 33166 <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

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: 	DATE <b>1/30/04</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	
Daytime Phone #	