


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90347 003 ****50.00

DOCUMENT # L99000002354

1. Entity Name
 738 N.E. 86TH STREET, L.C.



Principal Place of Business
 2961 DAY AVENUE, SUITE #B
 MIAMI, FL 33133

Mailing Address
 2961 DAY AVENUE, SUITE #B
 MIAMI, FL 33133

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

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



02112004 Chg-LLC CR2E083 (10/03)

4. FEI Number
 65-0971882 Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SICLAIT, EDOUARD
 2961 DAY AVENUE, SUITE #B
 MIAMI, FL 33133

7. Name and Address of New Registered Agent

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 title 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

TITLE	MGR	<input type="checkbox"/> Delete
NAME	SICLAIT, EDOUARD	
STREET ADDRESS	2961 DAY AVENUE, SUITE #B	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dumont, Dominique	
STREET ADDRESS	661 N.E. 195 street #414	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMBRONNE Robert	
STREET ADDRESS	12262 S.W. 143 Lane	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 606, Florida Statutes.

SIGNATURE: _____ **2/12/04** **(305) 7519233**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #