

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 30, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000002517

1. Entity Name
 2401 VAN BUREN INVESTMENTS, LLC



Principal Place of Business
 2237 N. COMMERCE PARKWAY
 SUITE 3
 WESTON, FL 33326

Mailing Address
 2237 N. COMMERCE PARKWAY
 SUITE 3
 WESTON, FL 33326



08252004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 65-0393293 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MANELLA, ROSS H ESQ.
 2237 N. COMMERCE PARKWAY
 SUITE 3
 WESTON, FL 33326

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$30.00
Due by September 8, 2004

000000171118
 08/30/04-80004-019 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
 NAME CORAL SPRINGS PROPERTIES, INC.
 STREET ADDRESS 2237 N COMMERCE PARKWAY, SUITE 3
 CITY-ST-ZIP WESTON, FL 33326

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

8/22/04

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

Date Daytime Phone #