04/22/2004 14:12 , 9544531151 STEPHEN YAFF

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Secretary of State
04-26-2004 90060 037 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

24055314

DOCUMENT # L99000003039

1. Entity Name
36-32 MANAGEMENT, L.C.

Principal Place of Business	Mailing Address
2812 N.W. 35TH STREET MIAMI, FL 33142	2812 N.W. 35TH STREET MIAMI, FL 33142

04222004 Chg-LLC CR2EC83 (10/03)

2. Principal Place of Business	3. Mailing Address
18090 COLLINS AVE	18090 COLLINS AVE
Suite, Apt. #, etc. SUIT T15	Suite, Apt. #, etc. SUIT T15
City & State NMB FL.	City & State NMB FL.
Zip / County 33160 DADE	Zip / Country 33160 DADE

4. FEI Number
65-0924021
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PALINSKY, ILYA 2812 N.W. 35TH STREET MIAMI, FL 33142	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, type or stamp 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			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D PALINSKY, ILYA 2812 N.W. 35TH STREET MIAMI, FL 33142	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MAST, MAYNARD E 422 POINCIANA ISLAND DR SUNNY ISLES, B 33160	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOLKOWICKI, SHIMON 4100 NW 27 AVE MIAMI, FL 33142	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #