

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90132 044 \*\*\*\*50.00

<b>DOCUMENT # L99000004767</b>					
<b>1. Entity Name</b> PICKETT PLACES, LLC					
<b>Principal Place of Business</b> 8120 SW 99TH AVENUE MIAMI, FL 33173			<b>Mailing Address</b> 8120 SW 99 MIAMI, FL 33173		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 8035 SW 107th AVE Suite, Apt. #, etc. #105			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State MIAMI FL		<b>4. FEI Number</b> 65-0938792	
Zip		Zip 33173		Country USA	
Country		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  ROCKMAN, LOUIS M 8500 SW 92 ST #106 MIAMI, FL 33156			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code		
<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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by September 8, 2004</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROUSE, MARK P 2873 ADRIAN STREET SAN DIEGO, CA 92110	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8035 SW 107th AVE #105 MIAMI FL 33173	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROUSE, SCOTT S 2873 ADRIAN STREET SAN DIEGO, CA 92110	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8035 SW 107th AVE #105 MIAMI FL 33173	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROUSE, LYNDIA M 2873 ADRIAN STREET SAN DIEGO, CA 92110	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8035 SW 107th AVE #105 MIAMI, FL 33173	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<b>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.</b>					
<b>SIGNATURE:</b>			7/8/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		
			Daytime Phone #		