


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L99000008198 1. Entity Name SFH I LLC |  |
|--|---|

| | |
|--|--|
| Principal Place of Business 711 NW 72ND AVENUE MIAMI, FL 33126 | Mailing Address 711 NW 72ND AVENUE MIAMI, FL 33126 |
|--|--|

DO NOT WRITE IN THIS SPACE



04142004 No Chg-LLC CR2E083 (10/03)

| | |
|---|--------------------------------|
| 4. FEI Number 65-0971833 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

ZAC ZAC, G. SR
711 NW 72ND AVE
MIAMI, FL 33126

**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 reinstating)

**Filing Fee is \$50.00
Due by May 1, 2004**

UD0000150394
05/04/04-80004-016 50.00

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM ZACZAC, G. SR 711 N.W. 72ND AVE. MIAMI, FL 33126 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM ZACZAC, L. 711 N.W. 72ND AVE. MIAMI, FL 33121 |
| 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 and empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  Date: 4-30-2004 Daytime Phone #: 305 261 2900

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