

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000009052

FILED
Aug 04, 2004
Secretary of State

Entity Name: NEEDLENOSE NO. 2, L.C.

Current Principal Place of Business:

9125 N. BAYSHORE
MIAMI, FL 33138

New Principal Place of Business:

Current Mailing Address:

9125 N. BAYSHORE
MIAMI, FL 33138

New Mailing Address:

FEI Number: 65-1089250

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ELLIOTT, SANDRA
898 NE 88 STREET
MIAMI, FL 33138 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: ELLIOTT, ERNEST F
Address: 898 NE 88 STREET
City-St-Zip: MIAMI, FL 33138

Title: MGR () Delete
Name: ELLIOTT, SANDRA
Address: 898 NE 88 STREET
City-St-Zip: MIAMI, FL 33138

Title: MGRM () Delete
Name: KELLER, LISA
Address: 1720 SE 3RD AVE
City-St-Zip: POMPANO BEACH, FL 33060

Title: MGRM () Delete
Name: MCCOURT, TAMMY
Address: 229 NYNES RD
City-St-Zip: POUGHQUAG, NY 12570

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: SANDRA ELLIOTT

OWNE

08/04/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date