

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M00000000807

1. Entity Name
ELSTON/LEETSDALE, LLC



Principal Place of Business
1200 BRICKELL AVENUE, STE 1500
MIAMI, FL

Mailing Address
1200 BRICKELL AVENUE, STE 1500
MIAMI, FL

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

FINEMAN, TONY
1200 BRICKELL AVENUE, STE 1500
MIAMI, FL

Name Pearce, Pam

Street Address (P.O. Box Number is Not Acceptable)
1200 Brickell Avenue

Suite 1500

City Miami FL Zip Code 33131

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/04

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME PALM/JOHNSON MANAGER, INC.
STREET ADDRESS 1200 BRICKELL AVENUE, STE 1500
CITY-ST-ZIP MIAMI, FL

Delete

10.

ADDITIONS/CHANGES

Change Addition

TITLE MGR
NAME BITTEK, STEPHEN
STREET ADDRESS 1200 BRICKELL AVE STE 1500
CITY-ST-ZIP MIAMI, FL 33131

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
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Change Addition

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Change Addition

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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:

Stephen H. Bittel, Mgr.

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

4/20/04

Date

Daytime Phone #