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M01000002703

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # M01000002703

1. Entity Name

SOUTH BEACH-ON-THE-MOVE, LLC.

FILED

04 FEB 18 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MOORE CR2E083 (11/03)

Principal Place of Business	Mailing Address
2711 CENTERVILLE ROAD, STE 400 WILMINGTON DE 19808	2711 CENTERVILLE ROAD, STE 400 WILMINGTON DE 19808

2. Principal Place of Business	3. Mailing Address
2939 Indian Creek Dr	Same
Suite/Apt. #, etc. D 304	Suite, Apt. #, etc.
City & State Miami Beach, Fl	City & State
Zip 33140 Country	Country

4. FEI Number 22-3857293 — 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
BRECKENRIDGE, H F 400 SOUTH POUNTE DR., STE 2106 MIAMI BEACH FL 33139	Name Ricardo Villoque Street Address (P.O. Box Number is Not Acceptable) 2939 Indian Creek Dr #304 City Miami Beach FL Zip Code 33140

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 resigning) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM: Ricardo Villoque 2939 Indian Creek Dr #304 Miami Beach, FL 33140 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	02-10-04 90105 032 $250.00 ☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2002-2003 ☐ 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: _____ 2-2-04 (786) 395-1204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #