


02/18/2004 15:30 7812766 (BEST SERVICE REAL) PAGE 01  
**NO 1000002703**  
**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

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

2. Principal Place of Business 3. Mailing Address  
**2939 Indian Creek Dr**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**#304** *Same*

City & State Zip Country  
**Miami Beach, FL 33140** **2** **USA**

4. FEI Number Applied For  
**22-3857293** Not Applicable  
 5. Certificate of Status Desired  **\$5.00** Additional Fee Required

8. Name and Address of Current Registered Agent  
**BRECKENRIDGE, H F**  
**400 SOUTH POUNTE DR., STE 2106**  
**MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent  
 Name **Ricardo UIIOQUE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2939 Indian Creek Dr #304**  
 City **Miami Beach** FL Zip Code **33140**

6. 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]* (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	TITLE	NAME	STREET ADDRESS
	<b>MGRM:</b>			<b>02-10-04 90105 032</b>	
	<b>RICARDO UIIOQUE</b>	<b>2939 Indian Creek Dr #304</b>		<b>*250.00</b>	
	<b>Miami Beach, FL 33140</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.

**SIGNATURE:** *[Signature]* **2-2-04 (786) 395-1204**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #