


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90116 012 ****50.00

DOCUMENT # L00000000196	
1. Entity Name GEORGE T. RAMANI & ASSOCIATES, P.L.	

Principal Place of Business 80 S.W. 8 STREET #3100 MIAMI FL 33130 US	Mailing Address P.O. BOX 11-3237 MIAMI FL 33111-3237 US
--	---

24010290



MOORE CR2E083 (11/03)

2. Principal Place of Business 1201 BRICKELL AVE	3. Mailing Address
Suite, Apt. #, etc. 300	Suite, Apt. #, etc.

City & State MIAMI FL	City & State
---------------------------------	--------------

4. FEI Number 65-0970784	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

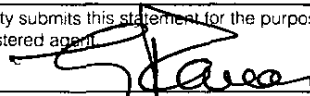
Zip 33131	Country USA	Zip	Country
---------------------	-----------------------	-----	---------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent RAMANI, GEORGE T 80 S.W. 8 STREET SUITE 3100 MIAMI FL 33130	
---	--

7. Name and Address of New Registered Agent	
Name GEORGE T. RAMANI	
Street Address (P.O. Box Number is Not Acceptable) 1201 BRICKELL AVE #300	
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  DATE **2/6/04**


Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS / MANAGERS	
TITLE MGRM	<input type="checkbox"/> Delete
NAME RAMANI, GEORGE T	
STREET ADDRESS 80 S.W. 8 STREET, SUITE 3100	
CITY-ST-ZIP MIAMI FL 33130	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS / CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 1201 BRICKELL AVE #300	
CITY-ST-ZIP MIAMI FL 33131	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:  **GEORGE T. RAMANI** DATE **2/6/04** DAYTIME PHONE # **305-381-8811**

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