

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 25, 2004 8:00 am
Secretary of State

04-22-2004 90355 006 ****50.00

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MOORE CR2E083 (11/03)

DOCUMENT # L03000054285					
1. Entity Name 1637 INVESTMENTS, L.L.C.					
Principal Place of Business 1305 SOUTHWEST 30TH AVENUE MIAMI FL 33145			Mailing Address C/O DIAZCORP. OR CORAL WAY, INC. 3400 CORAL WAY, SUITE #600 MIAMI FL 33145		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 90-0144515	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent DIAZCORP OF CORAL WAY, INC. 3400 CORAL WAY MIAMI FL 33145			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
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 _____ (NOTE: Registered Agent signature required when reappointing)					
Signature, typed or printed name of registered agent and are if applicable					
DATE					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGM DEBORAH CIMADEVILLA 1305 SW 30th Ave. Miami, FL 33145		☐ Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____		☐ Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____		☐ Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____		☐ Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____		☐ Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____		☐ Delete		
10. ADDITIONS/CHANGES					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ 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 808, Florida Statutes.					
SIGNATURE: <i>Deborah CimaDevilla</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date: 05/19/04 446-7055					
Daytime Phone #					