


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000000061
 1. Entity Name
 DACRA POWER PLANT VILLAGE LLC



Principal Place of Business 1632 PENNSYLVANIA AVE. 2ND FLOOR MIAMI BEACH, FL 33139	Mailing Address 1632 PENNSYLVANIA AVE. 2ND FLOOR MIAMI BEACH, FL 33139
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DO NOT WRITE IN THIS SPACE



02122004No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0987872	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 EBIN, LINDA ESQ.
 1399 SW FIRST AVE., SUITE 301
 MIAMI, FL 33130-4388

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

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

04/02/04-80011-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DACRA POWER PLANT VILLAGE INC. 1632 PENNSYLVANIA AVE. MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROBINS, CRAIG 1632 PENNSYLVANIA AVE. MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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.

Dacra Power Plant Village, Inc./General Partner
 Vice President 2/12/04 (305) 531-8700

SIGNATURE: _____ DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE