


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 09 2004 08:00 AM
Secretary of State

DOCUMENT # L00000003545 1. Entity Name CAZADORES SOUTH, LLC		
Principal Place of Business 3822 WEST 12TH AVE. HIALEAH FL 33012		Mailing Address 3822 WEST 12TH AVE. HIALEAH FL 33012
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State
Zip	Country	Zip
Country		Country



MOORE CR2E083 (11/03)

6. Name and Address of Current Registered Agent MARTIN, PEDRO A 1221 BRICKELL AVE., SUITE 2100 MIAMI FL 33131	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
4. FEI Number 65-1008348	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Applied For	Not Applicable
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 _____ DATE _____
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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BOSCHETTI, JOSE R 3901 SW 8 STREET MIAMI FL 33135	TITLE NAME STREET ADDRESS CITY - ST - ZIP	U00000042440 02/10/04-80024-010 50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CAYON, MAURICE 1211 SW 139 AVE. MIAMI FL 33184	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	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)(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.

SIGNATURE:  02.09.04 305-264-8505