

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000010429

1. Entity Name
SEVILLA ASSOCIATES, LLC



Principal Place of Business Mailing Address

2631 PONCE DE LEON BLVD. 2631 PONCE DE LEON BLVD.
 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE



04072004 No Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
65-1038045 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

KERDYK, WILLIAM H JR
2831 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

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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 reappointing)

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

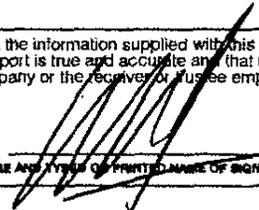
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 04/12/04-80105-006 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KASHTAN, MICHAEL F 5395 FAJRCHILD WAY CORAL GABLES, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KERDYK, WILLIAM H JR 6601 RIVIERA DR. CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KERDYK, KIM R 5531 SW 70 PLACE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENNETT, DEBRAH 915 BAYAMO AVENUE CORAL GABLES, FL 33146
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 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:  **4/8/04** **305-446-2586**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #