


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000010429 1. Entity Name SEVILLA ASSOCIATES, LLC	
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Principal Place of Business 2631 PONCE DE LEON BLVD. CORAL GABLES, FL 33134	Mailing Address 2631 PONCE DE LEON BLVD. CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE



02082005No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1038045	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

KERDYK, WILLIAM H JR
 2631 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

Filing Fee is \$50.00
Due by May 1, 2005

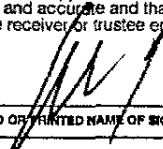
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KASHTAN, MICHAEL F 5395 FAIRCHILD 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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 02/11/05-80043-017 50.00

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:  **2/9/05** **305-446-2586**

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