


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90002 042 ****50.00

DOCUMENT # L00000011990
 1. Entity Name
FAUSTO ALVAREZ, L.L.C.



Principal Place of Business Mailing Address
2828 CORAL WAY, SUITE 410 **2828 CORAL WAY, SUITE 410**
MIAMI, FL 33145 **MIAMI, FL 33145**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
2828 CORAL WAY SUITE 300 **2828 CORAL WAY SUITE 300**

City & State City & State
MIAMI, FL **MIAMI, FL**
 Zip Country Zip Country
33145 **USA** **33145** **USA**

04222004 Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
65-1043347 Not Applicable
 5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
ALVAREZ, FAUSTO
2828 CORAL WAY, SUITE 410
MIAMI, FL 33145

7. Name and Address of New Registered Agent
 Name **ALVAREZ, FAUSTO**
 Street Address (P.O. Box Number is Not Acceptable)
2828 CORAL WAY SUITE 300
 City **MIAMI** State **FL** Zip Code **33145**

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 *Seam 114* (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2004 **Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALVAREZ, FAUSTO 2828 CORAL WAY, SUITE 300 MIAMI, FL 33145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Seam 114* **04/22/04** **305-442-1010**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #