

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

05-05-2004 90007 019 ***50.00

DOCUMENT # L01000017916

1. Entity Name

9781 E BAY HARBOR DRIVE II, LLC



Principal Place of Business

9781 EAST BAY HARBOR DRIVE
BAY HARBOR ISLAND, FL 33154

2655 Le Jeune Rd Ste326

Coral Gables, FL 33134

Mailing Address

2742 BISCAYNE BLVE
MIAMI, FL



04302004 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number

65-1148552

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRISALES & ALFANO, LLC
999 BRICKELL AVE
STE 700
MIAMI, FL 33131

Jacqueline F Rodriguez
2655 Le Jeune Rd Ste326
Coral Gables, FL 33134

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Jacqueline F Rodriguez 4/30/04

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME MANSILLA, GUILLERMO C
STREET ADDRESS 1001 BRICKELL BAY DR, #2600
CITY-ST-ZIP MIAMI, FL 33131

TITLE MGR
NAME MULER, ADOLFO
STREET ADDRESS 1001 BRICKELL BAY DR, #2600
CITY-ST-ZIP MIAMI, FL 33131

TITLE MGR
NAME ZALESKI, ALEJANDRO A
STREET ADDRESS 1001 BRICKELL BAY DR, #2600
CITY-ST-ZIP MIAMI, FL 33131

TITLE MGR
NAME BRODSCHI, ERNESTO L
STREET ADDRESS 1001 BRICKELL BAY DR, #2600
CITY-ST-ZIP MIAMI, FL 33131

TITLE MGR
NAME BRUTMAN, EDUARDO R
STREET ADDRESS 1001 BRICKELL BAY DR, #2600
CITY-ST-ZIP MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Jacqueline F Rodriguez 4/30/04 305 350 2725