


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90226 044 ****55.00

DOCUMENT # L02000003640					
1. Entity Name DISCOLMOAN L.L.C.					
Principal Place of Business 2121 PONCE DE LEON BLVD. SUITE 240 CORAL GABLES, FL 33134			Mailing Address 2121 PONCE DE LEON BLVD. SUITE 240 CORAL GABLES, FL 33134		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 03-0415954	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PRATS, GABRIEL 2121 PONCE DE LEON BLVD. SUITE 240 CORAL GABLES, FL 33134				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
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	DPST HUASA, JUAN CARLOS 2121 PONCE DE LEON BLVD. #240 CORAL GABLES, FL 33134			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HUASA, JUAN CARLOS 2121 PONCE DE LEON BLVD. N.240 CORAL GABLES, FL 33134			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUASA-IANNINI, MONICA 2121 PONCE DE LEON BLVD. N.240 CORAL GABLES, FL 33134			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	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: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date					
Daytime Phone #					