


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000028445  
1. Entity Name  
PALMARES, L.L.C.



Principal Place of Business  
3143 N.E. 211TH STREET  
AVENTURA, FL 33180

Mailing Address  
3143 N.E. 211TH STREET  
AVENTURA, FL 33180



03302004 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
05-0542352

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

MANUEL DINER, P.A.  
141 N.E. 3RD AVENUE  
SUITE 601  
MIAMI, FL 33132

**DO NOT WRITE  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)

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

U00000116283  
04/16/04-80058-013 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MINUCHIN, SALOMON 3143 N.E. 211TH STREET AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MINUCHIN, RUTH 3143 N.E. 211 TH STREET AVENTURA, L 33180
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**DO NOT WRITE  
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] DATE: 04-02-04 DAYTIME PHONE: 305-460-4094  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE