

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000030878

FILED
Mar 16, 2004
Secretary of State

Entity Name: REFITE, LLC

Current Principal Place of Business:

1000 BRICKELL AVE VD.
SUITE 450
MIAMI, FL 33131

New Principal Place of Business:

3827 TURTLE RUN BLVD.
#2627
CORAL SPRINGS, FL 33067

Current Mailing Address:

3827 TURTLE RUN BLVD
#2627
CORAL SPRINGS, FL 33067

New Mailing Address:

FEI Number: 01-0774737 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOLLER, MARIE M
3827 TURTLE RUN BLVD. 2627
CORAL SPRINGS, FL 33067 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: KOLLER, MARIE M
Address: 3827 TURTLE RUN BLVD #2627
City-St-Zip: MIAMI, FL 33067

Title: MGRM () Delete
Name: FITTE, ENRIQUE A
Address: 3827 TURTLE RUN BLVD #2627
City-St-Zip: MIAMI, FL 33067

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KOLLER, MARIE M
Address: 3827 TURTLE RUN BLVD #2627
City-St-Zip: CORAL SPRINGS, FL 33067

Title: MGRM (X) Change () Addition
Name: RESTA, CRISTIAN A
Address: 3827 TURTLE RUN BLVD #2627
City-St-Zip: CORAL SPRINGS, FL 33067

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MARIE M. KOLLER MGRM 03/16/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date