
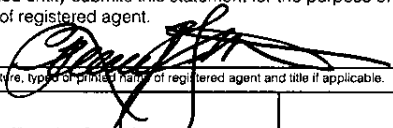
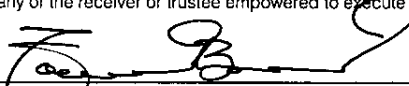


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 23, 2004 8:00 am**  
**Secretary of State**

03-23-2004 90070 039 \*\*\*\*50.00

DOCUMENT # L03000003095					
1. Entity Name <b>BACARDIWORKS, LLC</b>					
Principal Place of Business <b>800 BRICKELL AVENUE, SUITE 201 MIAMI, FL 33131</b>			Mailing Address <b>800 BRICKELL AVENUE, SUITE 201 MIAMI, FL 33131</b>		
2. Principal Place of Business <b>2665 S. Bayshore Dr</b>		3. Mailing Address <b>2665 S. Bayshore Dr</b>			
Suite, Apt. #, etc. <b>Suite 601</b>		Suite, Apt. #, etc. <b>Suite 601</b>			
City & State <b>Coconut Grove, FL</b>		City & State <b>Coconut Grove, FL</b>			
Zip <b>33133</b>	Country <b>USA</b>	Zip <b>33133</b>	Country <b>USA</b>	4. FEI Number 03082004 Chg-LLC CR2E083 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>F &amp; L CORP. 200 LAURA STREET JACKSONVILLE, FL 32202-3520</b>			7. Name and Address of New Registered Agent Name <b>Richard J. Razook</b> Street Address (P.O. Box Number is Not Acceptable) <b>Hinton + Williams</b> <b>1111 Brickell Ave. Ste 2500</b> City <b>Miami</b> FL <b>33131</b>		
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 <b>3/15/04</b>		
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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Mar Bacardi, Facundo L.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>2665 So. Bayshore Dr. Ste 601</b> <b>Coconut Grove, FL 33133</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Date <b>3/18/04</b> Daytime Phone # <b>305-285-5588</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					