
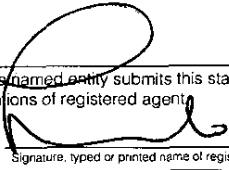
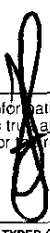


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90203 001 ****50.00

DOCUMENT # L03000005705			
1. Entity Name LA ESTANCIA RETAIL STORES, L.L.C.			
Principal Place of Business 3440 HOLLYWOOD BLVD., STE 360 HOLLYWOOD, FL 33021		Mailing Address 3440 HOLLYWOOD BLVD., STE 360 HOLLYWOOD, FL 33021	
2. Principal Place of Business 18851 NE 29th Ave Suite, Apt. #, etc. 900		3. Mailing Address 18851 NE 29th Ave Suite, Apt. #, etc. 900	
City & State Aventura FL		City & State Aventura FL	
Zip 33180 Country USA		Zip 33180 Country USA	
6. Name and Address of Current Registered Agent ROTH, LEONARDO A 3440 HOLLYWOOD BLVD., STE 360 HOLLYWOOD, FL 33021		7. Name and Address of New Registered Agent Name: ROTH LEONARDO A. ESQ Street Address (P.O. Box Number is Not Acceptable): 18851 NE 29th Ave Suite 900 City: Aventura FL Zip Code: 33180	
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:  A N, Leonardo A. Roth, Esq 02/23/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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: MGRM NAME: KOJUSNER, CLAUDIO STREET ADDRESS: 3440 HOLLYWOOD BLVD., STE 360 CITY-ST-ZIP: HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 18851 NE 29th Ave Suite 900 STREET ADDRESS: AVENTURA, FL 33180 CITY-ST-ZIP: AVENTURA, FL 33180	
TITLE: MGRM NAME: HORIGIAN, FERNANDO STREET ADDRESS: 3440 HOLLYWOOD BLVD., STE 360 CITY-ST-ZIP: HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 18851 NE 29th Ave Suite 900 STREET ADDRESS: AVENTURA, FL 33180 CITY-ST-ZIP: AVENTURA, FL 33180	
TITLE: MGRM NAME: KOJUSNER, GASTON STREET ADDRESS: 3440 HOLLYWOOD BLVD., STE 360 CITY-ST-ZIP: HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 18851 NE 29th Ave Suite 900 STREET ADDRESS: AVENTURA, FL 33180 CITY-ST-ZIP: AVENTURA, FL 33180	
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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		Fernando Horigian, MGRM 2/23/04 786-279-0000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #