2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 09, 2004 8:00 am
Secretary of State
02-09-2004 90191 047 ****50.00

MOORE CR2E083 (11/03)

DOCUMENT # L03000009414

1. Entity Name
APRENDIENDO REAL ESTATE LLC

Principal Place of Business	Mailing Address
11 CLEARVIEW BLVD. FORT MYERS BEACH FL 33931	11 CLEARVIEW BLVD. FORT MYERS BEACH FL 33931

2. Principal Place of Business	3. Mailing Address
13 FAIRVIEW BLVD	13 FAIRVIEW BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT. MYERS BEACH, FL	City & State: FT MYERS BEACH, FL
Zip 33931 Country USA	Zip 33931 Country USA.

4. FEI Number 04-3746363. ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VRILLAUD, ALBERTO DANIEL
11 CLEARVIEW BLVD.
FORT MYERS BEACH FL 33931

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 [signature] ALBERTO D. VRILLAUD - PRESIDENT 02/02/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9.	MANAGING MEMBERS/MANAGERS	10.	ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ☐ Delete VRILLAUD, ALBERTO DANIEL ~~11 CLEARVIEW BLVD.~~ ~~FORT MYERS BEACH FL 33931~~	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ☑ Change ☐ Addition VRILLAUD, ALBERTO DANIEL 13 FAIRVIEW BLVD FT. MYERS BEACH. FL. 33931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ☐ Delete PATRICIA MONICA MOULIN ~~11 CLEARVIEW BLVD.~~ ~~FORT MYERS BEACH FL 33931~~	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ☑ Change ☐ Addition PATRICIA MONICA MOULIN 13 FAIRVIEW BLVD FT MYERS BEACH FL, 33931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature] ALBERTO D. VRILLAUD - P. 02/02/04. (239) 463-4557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #