

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000019653

FILED
Apr 30, 2004
Secretary of State

Entity Name: JAFAN L.L.C.

Current Principal Place of Business:

2121 PONCE DE LEON BLVD., ST. 240
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2121 PONCE DE LEON BLVD., ST. 240
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 56-2420134

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRATS, GABRIEL
2121 PONCE DE LEON BLVD., ST. 240
CORAL GABLES, FL 33134 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: MGR () Delete
Name: ANDRADE, CARLOS H
Address: 2121 PONCE DE LEON BLVD., ST. 240
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: ARISTIZABAL, MAURICIO
Address: 2121 PONCE DE LEON BLVD., ST. 240
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: RODRIGUEZ, MARTHA L
Address: 2121 PONCE DE LEON BLVD., ST. 240
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: GOMEZ, NICOLAS
Address: 2121 PONCE DE LEON BLVD., ST. 240
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: GOMEZ, RUBEN DARIO
Address: 2121 PONCE DE LEON BLVD., ST. 240
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: SHERMAN, IVAN
Address: 2121 PONCE DE LEON BLVD., ST. 240
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: IVAN SHERMAN

MGR

04/30/2004

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