

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000030338

FILED  
Feb 04, 2004  
Secretary of State

Entity Name: EXPLORER RENTAL INVESTMENTS-ONE, LLC

**Current Principal Place of Business:**

8850 SW 129 TERRACE STE. B  
MIAMI, FL 33176

**New Principal Place of Business:**

8850 SW 129 TERRACE  
2ND FLOOR  
MIAMI, FL 331765931 US

**Current Mailing Address:**

8850 SW 129 TERRACE STE. B  
MIAMI, FL 33176

**New Mailing Address:**

P.O. BOX 560604  
MIAMI, FL 332560604 US

FEI Number: 20-0683191

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GARCIA, DAVID R  
GABLES INTERNATIONAL PLAZA  
2655 LEJEUNE ROAD STE. 802  
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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: VILOMAR, GUSTAVO E  
Address: P.O. BOX 560604  
City-St-Zip: MIAMI, FL 332560604 US

Title: MGR ( ) Change (X) Addition  
Name: COLLADA, FRANCISCO R  
Address: P.O. BOX 560604  
City-St-Zip: MIAMI, FL 332560604 US

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: GUSTAVO E. VILOMAR

MGR

02/04/2004

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