




2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/11

FILED
Sep 20, 2004 8:00 am
Secretary of State

08-11-2004 90087 006 ***50.00

DOCUMENT # L03000034022			
1. Entity Name CARTAYA, LLC.			
Principal Place of Business P.O. BOX 452311 SUNRISE, FL 33345 : US		Mailing Address P.O. BOX 452311 SUNRISE, FL 33345 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEL Number 20-0207874		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8. \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TRINLEY, PAUL T ESQ 1875 PALM BEACH LAKES BLVD. #700 WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name E-B CARTATA Street Address (P.O. Box Number is Not Acceptable) 418 TATARINO DR City HOLLAND BEACH FL Zip Code 33009	
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 8/18/04	
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	E-B CARTATA-MANAGER <input type="checkbox"/> Delete 418 TATARINO DR HOLLAND BEACH FL 33009	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
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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: 9/15/04 1806 48022703	
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE	