


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90118 021 \*\*\*\*50.00

<b>DOCUMENT # L03000035608</b> 1. Entity Name <b>PATIO BRISAS, LLC</b>					
Principal Place of Business 321 JEFFERSON ST., 2ND FLOOR HOLLYWOOD, FL 33019			Mailing Address 321 JEFFERSON ST., 2ND FLOOR HOLLYWOOD, FL 33019		
2. Principal Place of Business <b>18851 N.E. 29th AVE.</b>		3. Mailing Address <b>18851 N.E. 29th AVE.</b>			
Suite, Apt. #, etc. <b>722</b>		Suite, Apt. #, etc. <b>722</b>			
City & State <b>AVENTURA, FLA.</b>		City & State <b>AVENTURA, FLA.</b>			
Zip <b>33180</b>		Country <b>U.S.A.</b>		4. FEI Number <b>20-0257928</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>ROUSSO, MARK E ESQ</b> <b>18851 N.E. 29TH AVE., STE. 900</b> <b>AVENTURA, FL 33180</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2004</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GROSSKOPF, MANUEL 321 JEFFERSON ST., 2ND FLOOR HOLLYWOOD, FL 33019		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>18851 N.E. 29th AVE, #722</b> <b>AVENTURA, FLA. 33180</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>MGR</b> <b>WALTER FISCHER</b> <b>18851 N.E. 29th AVE, #722</b> <b>AVENTURA, FLA. 33180</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>MGR</b> <b>DAISY M. SOTOLONGO</b> <b>18851 N.E. 29th AVE. #722</b> <b>AVENTURA, FLA. 33180</b>	
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 the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
Date _____				Daytime Phone # _____	