## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## DOCUMENT # L94000000262

1. Entity Name

ROTUNDA STRUCTURES I C



**FILED** Apr 28, 2004 8:00 am Secretary of State 04-28-2004 90074 048 \*\*\*\*50.00

HOTONDA STRUCTURES, L.C.								
Principal Place of Business		Mailing Address						
100 SOUTH BISCAYNE BLVD. SUITE 1100, ONE BISCAYNE BLVD. MIAMI FL 33131		100 SOUTH BISCAYNE BLVD. SUITE 1100, ONE BISCAYNE BLVD. MIAMI FL 33131			i idalitik dia idhii albii dalib dalib	<b>kom sem se</b> m 4	III <b>n freid c</b> hiin iii	ERI ME ARG
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE CR2E083 (11/03)			
City & State		City & State		4	4. FEI Number 65-0506587	,	<del></del>	plied For t Applicable
Zip	Country	Zip	Country	5	5. Certificate of Status Desired		55.00 Add ee Required	
6. Name and Address of Current Registered Agent				7	7. Name and Address of New R	egistered A	gent	
HOLLO TIDOD				Name, and the second of the se				
HOLLO, TIBOR 100 S. BISCAYNE BLVD. STE. 1100, ONE BISCAYNE BLVD. MIAMI FL 33131			Street Add	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, typed or printed name of registered agent ar	en reinstating)	DATE					
		Make Check Payab	OW!!! FEE IS \$50 le to Florida Depa e By May 1, 2004	Section 20 Section 18 (1998)	of State			
9.	MANAGING MEMBER	S/MANAGERS	10.		ADDITIONS/	CHANGES		
TITLE ** .	MGRM	☐ Delete	TITLE				☐ Change	☐ Addition
STREET ADDRESS	HOLLO, TIBOR 100 S. BISCAYNE BLVD., STE. 110	n	NAME STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33131	·	CITY-ST-ZIP					
TITLE	MGRM	☐ Delete	TITLE				☐ Change	☐ Addition
NAME	HOLLO, WAYNE		NAME			-		
STREET ADDRESS	100 S. BISCAYNE BLVD., STE. 110	0	STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33131		CITY-ST-ZIP					
NAME	الرواديون والمهين النوانية الاستنتسانية التسلية التسلية	☐ Delete	TITLE		*		Change	☐ Addition
STREET ADDRESS			NAME STREET ADDRESS			•		~~···
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TITLE		☐ Delete	TITLE		<u></u>		☐ Change	Addition
NAME			NAME				_	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	•		CITY-ST-ZIP				<del></del>	
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE				Change	Addition
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
			CITY-ST-ZIP		1			
11 ! hereby a	certify that the information supplied with t	hin filing done not qualify for	the everenties states	in Cantin	on 440 07/01/3. Flexista Otobista 1	الأعداد والداد العدارية		

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.

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #