


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90130 001 \*\*\*\*50.00

**DOCUMENT # L99000003062**

1. Entity Name  
**ANORCA, L.L.C.**



Principal Place of Business  
**8222 NW SOUTH RIVER DR  
 MIAMI, FL 33166**

Mailing Address  
**8222 NW SOUTH RIVER DR  
 MIAMI, FL 33166**

**24000729**



01062004 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0929776</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**PEREZ, RAFAEL A  
 201 ALHAMBRA CIRCLE  
 SUITE 702  
 MIAMI, FL 33166**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASARIEGO, HUMBERTO F 8222 NW SOUTH RIVER DR MEDLEY, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASARIEGO, ORLANDO J 8222 NW SOUTH RIVER DR MEDLEY, FL 33166
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**DO NOT WRITE IN THIS SPACE**

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 *Orlando J. Casariego* 1-6-04 (301) 887-9058  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #