


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000011646 1. Entity Name KNIGHTSBRIDGE PROPERTIES, LLC	
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Principal Place of Business 104 CRANDON BLVD., STE. 415 KEY BISCAYNE, FL 33149	Mailing Address 104 CRANDON BLVD., STE. 415 KEY BISCAYNE, FL 33149
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DO NOT WRITE IN THIS SPACE



01142004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 02-0618641	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PORTUONDO, FERNANDO J ESQ.
FERNANDO J. PORTUONDO, P.A.
2121 PONCE DE LEON BLVD., STE. 600
CORAL GABLES, FL 33134

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$30.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROYD, MIGUEL 749 CRANDON BLVD. PH 12 KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOMEZ, MANEL 650 WEST AVE - APT 2011 MIAMI, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____

Daytime Phone # _____