


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90212 042 ****50.00

DOCUMENT # L02000017732

1. Entity Name
MENDOZA APARTMENTS, L.L.C.



Principal Place of Business Mailing Address

2100 SALZEDO STREET STE. 300 2100 SALZEDO STREET STE. 300
 CORAL GABLES FL 33134 CORAL GABLES FL 33134

24010100



MOORE CR2E083 (11/03)

2. Principal Place of Business 3. Mailing Address

2 Alhambra Plaza *2 Alhambra Plaza*

Suite, Apt. #, etc. Suite, Apt. #, etc.

Suite 860 *Suite 860*

City & State City & State

Coral Gables, FL *Coral Gables, FL*

Zip Country Zip Country

33134 *FL* *33134* *FL*

4. FEI Number Applied For

56-2289468 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PADRON, CARLOS E
 2100 SALZEDO STREET STE. 300
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2 Alhambra Plaza, Suite 860

City State Zip Code

Coral Gables **FL** *33134*

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]* DATE *2/4/04*

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	CRISANA CORPORATION	
STREET ADDRESS	2100 SALZEDO STREET STE. 300	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>2 Alhambra Plaza, Suite 860</i>	
STREET ADDRESS	<i>Coral Gables, FL 33134</i>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *by Crisana Corporation* DATE: *2/4/04* DAYTIME PHONE: *(305) 461-4888*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #