


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90203 046 \*\*\*\*50.00

**DOCUMENT # L03000005700**

1. Entity Name  
 LA ESTANCIA AVENTURA, L.L.C.



Principal Place of Business  
~~3440 HOLLYWOOD BLVD., STE 360~~  
~~HOLLYWOOD, FL 33021~~

Mailing Address  
 3440 HOLLYWOOD BLVD., STE 360  
 HOLLYWOOD, FL 33021

11014003

2. Principal Place of Business  
 18851 NE 29th Ave  
 Suite, Apt. #, etc.  
 900

3. Mailing Address  
 18851 NE 29th Ave  
 Suite, Apt. #, etc.  
 900



01082004 Chg-LLC CR2E083 (10/03)

City & State  
 AVENTURA, FL

City & State  
 AVENTURA, FL

Zip  
 33180

Country  
 USA

Zip  
 33180

Country  
 USA

4. FEI Number  
 47-0910339

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

ROTH, LEONARD A ESQ  
 ROTH ROUSSO & DARRACH, P.A.  
~~3440 HOLLYWOOD BLVD., SUITE 360~~  
~~HOLLYWOOD, FL 33021~~

7. Name and Address of New Registered Agent

Name  
 ROTH LEONARDO A. ESQ

Street Address (P.O. Box Number is Not Acceptable)  
 18851 NE 29th Ave. Suite 900

City  
 AVENTURA

FL

Zip Code  
 33180

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 *AK* LEONARDO A. ROTH, Esq. 2/23/04

(NOTE: Registered Agent signature required when reinstating) DATE

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

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOJUSNER, CLAUDIO <del>3440 HOLLYWOOD BLVD., SUITE 360</del> <del>HOLLYWOOD, FL 33021</del> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HORIGIAN, FERNANDO <del>3440 HOLLYWOOD BLVD., SUITE 360</del> <del>HOLLYWOOD, FL 33021</del> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOJUSNER, GASTON <del>3440 HOLLYWOOD BLVD., SUITE 360</del> <del>HOLLYWOOD, FL 33021</del> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18851 NE 29th Ave Suite 900 AVENTURA FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18851 NE 29th Ave Suite 900 AVENTURA FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18851 NE 29th Ave Suite 900 AVENTURA FL 33180
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"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: *Fernando Horigian* MGRM 2/23/04 786279-0000

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