

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90150 030 ****50.00

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|---|---|---|--|
| DOCUMENT # L02000023622 1. Entity Name LA ESTANCIA CORAL GABLES, 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 | |
| 2. Principal Place of Business 18851 NE 29th Ave Suite, Apt. #, etc. 900 | | 3. Mailing Address 18851 NE 29th Ave Suite, Apt. #, etc. 900 | |
| City & State AVENTURA, FL | | City & State AVENTURA, FL | |
| Zip 33180 Country USA | | Zip 33180 Country USA | |
| 4. FEI Number 81-0571151 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ROTH, LEONARDO A ESQ. C/O ROTH, ROUSSO & DARTACH, P.A. 3440 HOLLYWOOD BLVD., STE. 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 29 Avenue. 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 Leonardo A. Roth 02/23/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM KOJUSNER, CLAUDIO 3440 HOLLYWOOD BLVD., STE. 360 HOLLYWOOD, FL 33021 <div style="text-align: right;"><input type="checkbox"/> Delete</div> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | > Same 18851 NE 29th Ave Suite 900 AVENTURA, FL 33180 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HORIGIAN, FERNANDO 3440 HOLLYWOOD BLVD., STE. 360 HOLLYWOOD, FL 33021 <div style="text-align: right;"><input type="checkbox"/> Delete</div> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | > Same 18851 NE 29th Ave Suite 900 AVENTURA, FL 33180 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM KOJUSNER, GASTON 3440 HOLLYWOOD BLVD., STE. 360 HOLLYWOOD, FL 33021 <div style="text-align: right;"><input type="checkbox"/> Delete</div> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | > Same 18851 NE 29th Ave Suite 900 AVENTURA, FL 33180 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> |
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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: Fernando Horigian, MGRM <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | 02/23/04 786 279 0000 <small>Date Daytime Phone #</small> | |