

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90294 048 ****50.00

DOCUMENT # L02000013801

1. Entity Name.

CAREY USA PROPERTIES, LLC



Principal Place of Business...

848 BRICKELL AVENUE
PENTHOUSE 1
MIAMI FL 33131

Mailing Address

848 BRICKELL AVENUE
PENTHOUSE 1 Suite 700
MIAMI FL 33131

24011000



MOORE CR2E083 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

01-0749360

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MURAI WALD BIONDO & MORENO, P.A.
900 INGRAHAM BUILDING
25 SOUTHEAST SECOND AVENUE
MIAMI FL 33131

Name

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

City

FL

Zip Code

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE PS ☐ Delete
NAME ARDID, JOSE
STREET ADDRESS 848 BRICKELL AVE., ~~PENTHOUSE 1~~ Suite 700
CITY-ST-ZIP MIAMI FL 33131

TITLE VPT ☒ Delete
NAME GONZALO, MUDUZ
STREET ADDRESS 848 BRICKELL AVE., ~~PENTHOUSE 1~~ Suite 700
CITY-ST-ZIP MIAMI FL 33131

TITLE ASVP ☐ Delete
NAME ARDID, INIGO
STREET ADDRESS 848 BRICKELL AVE., ~~PENTHOUSE 1~~ Suite 700
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE D ☐ Change ☒ Addition
NAME Diego Ardid
STREET ADDRESS 848 Brickell Ave. Suite 700
CITY-ST-ZIP Miami, Fl. 33131

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 60B, Florida Statutes.

SIGNATURE:

Diego Ardid

Director Diego Ardid

02/25/04

(305) 377-1001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #