

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000005645

**FILED**  
**Mar 17, 2004**  
**Secretary of State**

**Entity Name:** SANTA CLARITA, LLC

**Current Principal Place of Business:**

1690 THE TWELFTH FAIRWAY  
WELLINGTON, FL 33414

**New Principal Place of Business:**

832 FOREST GLEN LANE  
WELLINGTON, FL 33414

**Current Mailing Address:**

832 FOREST GLEN LN  
WELLINGTON, FL 33414

**New Mailing Address:**

FEI Number: 65-1009457

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HILDA M. PORRO, P.A.  
12773 W. FOREST HILL BLVD., SUITE 1201  
WELLINGTON, FL 33414 US

**Name and Address of New Registered Agent:**

LUIS F ESCOBAR  
832 FOREST GLEN LANE  
WELLINGTON, FL 33414 US

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.

SIGNATURE: LUIS F ESCOBAR

03/17/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: ESCOBAR, LUIS F  
Address: 832 FOREST GLEN LANE  
City-St-Zip: WELLINGTON, FL 33414 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LUIS F ESCOBAR

MGR

03/17/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date