


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90270 021 ****50.00

1. Entity Name L03000014195 6141 SUNSET DEVELOPMENT, L.L.C.		
Principal Place of Business 1541 SUNSET DRIVE, SUITE 203 CORAL GABLES, FL 33143		Mailing Address 1541 SUNSET DRIVE, SUITE 203 CORAL GABLES, FL 33143
2. Principal Place of Business 7500 Red Road Suite, Apt. #, etc.	3. Mailing Address 7500 Red Road Suite, Apt. #, etc.	
City & State South Miami, FL Zip 33143	City & State South Miami, FL Zip 33143	



02112004

4. FEI Number 04-3762038	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00	

6. Name and Address of Current Registered Agent FERNANDES, MARCELO 1541 SUNSET DRIVE, SUITE 203 CORAL GABLES, FL 33143	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
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	MGR FERNANDES, MARCELO 1541 SUNSET DRIVE, SUITE 203 CORAL GABLES, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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:  **Marcelo Fernandes MGR** **2/16/04 305-463-1293**

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