
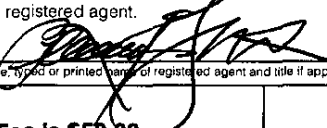
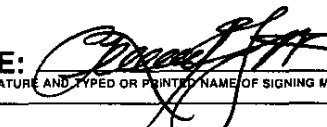


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 23, 2004 8:00 am**  
**Secretary of State**

03-23-2004 90070 043 \*\*\*\*50.00

DOCUMENT # L01000018557					
1. Entity Name AQUILA HOLDINGS LLC					
Principal Place of Business 800 BRICKELL AVE. SUITE 201 MIAMI, FL 33131			Mailing Address 800 BRICKELL AVE. SUITE 201 MIAMI, FL 33131		
2. Principal Place of Business 2665 So. Bayshore Dr Suite, Apt. #, etc. Suite 601 City & State Coconut Grove FL Zip 33133 Country USA			3. Mailing Address 2665 So. Bayshore Dr Suite, Apt. #, etc. Suite 601 City & State Coconut Grove FL Zip 33133 Country USA		
03082004 Chg-LLC CR2E083 (10/03)				24027758	
4. FEI Number 65-1148651				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent F&L CORP. 200 LAURA STREET NORTH JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent Name Richard J Razook Street Address (P.O. Box Number is Not Acceptable) Horton + Williams 1111 Brickell Ave Ste 2500 City Miami FL Zip Code 33131		
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  <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE 3/15/04 <small>(NOTE: Registered Agent signature required when reinstating)</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	MGR BACARDI, FACUNDO L 800 BRICKELL AVE., STE 201 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bacardi, Facundo L. 2665 S. Bayshore Dr. Ste 601 Coconut Grove, FL 33133		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Delete RAZOOK, RICHARD J 800 BRICKELL AVE., STE 201 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Razook, Richard J 1111 Brickell Ave Ste 2500 Miami, FL 33131		
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		
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		
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		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE 3/15/04 Daytime Phone # 305-285-5588		