2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 26, 2004 8:00 am Secretary of State **DOCUMENT # L01000001326** 04-26-2004 90050 030 ****50.00 BAP CORAL VIEW DEVELOPERS, L.C. Principal Place of Business Maifing Address 2601 SOUTH BAYSHORE DR. 10TH FLOOR 2601 SOUTH BAYSHORE DR. 10TH FLOOR MIAMI, FL 33131 MIAMI, FL 33131 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (10/03) 03182004 Chg-LLC Applied For 4. FEI Number City & State City & State 65-1091325 Not Applicable Country \$5.00 Additional Ziρ Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent INTRASTATE REGISTERED AGENT CORPORATION Street Outres of the Control of the Contr CABRERA, ORLANDO J 701 BRICKELL AVE. **SUITE 1900** MIAMI, FL 33131 **SUITE 3000** CIMI AMI 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. INTRASTATE REGISTERED AGENT CORPORATION BY: STEVEN H. HAGEN ATE Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. nn e MGR C Delete **nn** F Change Addition BERMELLO, WILLY A NAME NAME 2601 S BAYSHORE DR, 10TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF MIAMI, FL 33133 ☐ Change Addition MGR ☐ Delete NNLE TITLE NAME SUAREZ, ARMANCIO V NAME STREET ADDRESS 10450 NW 31ST TERR STREET ADDRESS CITY-ST-ZIE MIAMI, FL 33172 CITY-ST-ZIP ☐ Delete **n**n e Change ■ Addition nne NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE 🔲 Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition NTLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 608, Florida Statutes.

LAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #