


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L96000000303</b> 1. Entity Name PERLA ANTILLES, L.C.	
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Principal Place of Business 1 SE 3RD AVE SUITE 2250 MIAMI, FL 33131	Mailing Address 1 SE 3RD AVE SUITE 2250 MIAMI, FL 33131
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**DO NOT WRITE IN THIS SPACE**



04282004 No Chg-LLC CR2E083 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  AMKGS REGISTERED AGENTS, INC. ONE SE THIRD AVENUE SUITE 2250 MIAMI, FL 33131
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**DO NOT WRITE  
IN THIS SPACE**

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

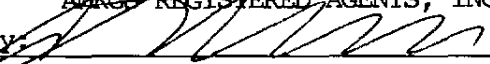
**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VELASCO, ALVARO ONE SE THIRD AVENUE, SUITE 2250 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM AMKGS REGISTERED AGENTS, INC. ONE SE THIRD AVENUE, SUITE 2250 MIAMI, FL 33131
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04/29/04-80119-003 50.00

**DO NOT WRITE  
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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

**AMKGS REGISTERED AGENTS, INC.**  
**SIGNATURE:**  **Arturo J. Aballi** **4-27-04** **305-373-6600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #