

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90083 010 ***150.00

DOCUMENT # L02000030505

1. Entity Name
INSTITUTO SEVILLANO DE ESTUDIOS Y PRACTICAS, LLC



Principal Place of Business
**C/O ALLEN & GALEGO
601 BRICKELL KEY DRIVE, SUITE 805
MIAMI, FL 33131**

Mailing Address
**C/O ALLEN & GALEGO
601 BRICKELL KEY DRIVE, SUITE 805
MIAMI, FL 33131**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1441 BRICKELL AVE SUITE 1014

1441 BRICKELL AVE SUITE 1014

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip
33131

Country

U.S.

Zip

33131

Country

U.S.

03302004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

59-3768152

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ALLEN & GALEGO
601 BRICKELL KEY DRIVE, SUITE 805
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name

ROBERT ALLEN LAW

Street Address (P.O. Box Number is Not Acceptable)

1441 BRICKELL AVE SUITE 1014

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

Signature, typed or printed name of registered agent, and title if applicable.

By: Robert N. Allen, Jr., President

DATE

4/29/04

(NOTE: Registered Agent signature required when re/instating)

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HARPER, CHILTON E
601 BRICKELL KEY DRIVE, #805
MIAMI, FL 33131** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HARPER, CHILTON E.
1441 BRICKELL AVE SUITE 1014
MIAMI, FL 33131** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Robert N. Allen, Jr.

Date

4/29/04

Daytime Phone #

305-372-3300