

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

03-10-2004 90187 045 \*\*\*\*50.00

**34004948**



MOORE CR2E083 (11/03)

<b>DOCUMENT # L03000051501</b> 1. Entity Name <b>ONE ARVIDA, LLC</b>																																																																																																																																			
Principal Place of Business <b>2 ALHAMBRA PLAZA, SUITE 860 CORAL GABLES FL 33134</b>			Mailing Address <b>2 ALHAMBRA PLAZA, SUITE 860 CORAL GABLES FL 33134</b>																																																																																																																																
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Zip	Country	Zip	Country	4. FEI Number <span style="float: right;"><input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable</span>																																																																																																																															
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																																																																																																																																			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent																																																																																																																																
<b>PADRON, CARLOS E</b> <b>2 ALHAMBRA PLAZA, SUITE 860</b> <b>VILA, PADRON &amp; DIAZ, P.A.</b> <b>CORAL GABLES FL 33134</b>			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____																																																																																																																																
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			DATE <b>3/02/04</b>																																																																																																																																
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>																																																																																																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="padding: 5px;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="padding: 5px;">10. ADDITIONS/CHANGES</th> </tr> <tr> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 55%; padding: 5px;">MANAGER <input type="checkbox"/> Delete</td> <td style="width: 10%; padding: 5px;"></td> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 55%; padding: 5px;"></td> <td style="width: 10%; padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">PILAR F. 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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.																																																																																																																																			
SIGNATURE:			3/02/04 (305) 461-4888																																																																																																																																
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																																																																																																																			