

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2004 08:00 AM**  
**Secretary of State**

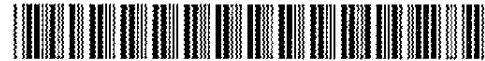
**DOCUMENT # L00000000061**

1. Entity Name  
**DACRA POWER PLANT VILLAGE LLC**



Principal Place of Business  
**1632 PENNSYLVANIA AVE.  
2ND FLOOR  
MIAMI BEACH, FL 33139**

Mailing Address  
**1632 PENNSYLVANIA AVE.  
2ND FLOOR  
MIAMI BEACH, FL 33139**



02122004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**65-0987872**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**EBIN, LINDA ESQ.  
1399 SW FIRST AVE., SUITE 301  
MIAMI, FL 33130-4388**

**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**

000000101390  
04/02/04-80011-007 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
DACRA POWER PLANT VILLAGE INC.  
1632 PENNSYLVANIA AVE.  
MIAMI BEACH, FL 33139**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
ROBINS, CRAIG  
1632 PENNSYLVANIA AVE.  
MIAMI BEACH, FL 33139**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

**Dacra Power Plant Village, Inc./General Partner**

**Vice President**

**2/12/04 (305) 531-8700**

**SIGNATURE:** \_\_\_\_\_

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

Date

Daytime Phone #