2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## AGO N. MASHTA DR.	ANNUAL R	EPORT (AR)	-	_	
Principal Place of Business	1. Entity Name			SECRETARY OF STATE	
## ACT BISCATNE FL 33149 ## ACT BISCATNE FL				1000	
2. Principal Place of Business	Principal Place of Business Mailing Address		I	- 03/2 04 MAR 12 PM 2: 23	
Suite, Apt #, etc. Coy & State Coy & State Country C			149	124/04	
City & State City & City Ci	Principal Place of Business 3. Mailing Address				
Country	•	Suite, Apt. #, etc.		MOORE CR2E083 (11/03)	
S. Cermination of Statute Desired Fee Required S. Cally T. Name and Address of New Registered Agent STREET ADDRESS T. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City	· City & State	City & State		NO TARRICARIE	
SALDARRIAGA, MARIA DEL C 460 N MASHTA DRIVE KEY BISCAYNE FL 33149 City FL Zip Code	Zip Country	Zip	Country		
SALDARRIAGA, MARIA DEL C 460 N MASHTA DRIVE KEY BISCAYNE FL 33149 P. The above named entity submits this statement for the purpose of changing is registered office or registered agent, or both, in the State of Florida. I am familiar with, and account registered agent of registered agent, or both, in the State of Florida. I am familiar with and account registered agent, or both, in the State of Florida. I am familiar with and account registered agent, or both, in the State of Florida. I am familiar with and account registered agent, or both, in the State of Florida. I am familiar with and account registered agent, or both, in the State of Florida. I am familiar with and account registered agent, or both, in the State of Florida. I am familiar with and account registered agent, or both, in the State of Florida. I am familiar with and account registered agent, or both, in the State of Florida. I am familiar with and account registered agent, or both, in the State of Florida. I am familiar with and account registered agent, or both, in the State of Florida. I am familiar with and account registered agent, or both, in the State of Florida. I am familiar with and account registered agent, or both, in the State of Florida. I am familiar with and account registered agent, or both, in the State of Florida. I am familiar with and account registered agent, or both, in the State of Florida. I am familiar with and account registered agent, or both, in the State of Florida. I am familiar with and account registered agent, or both, in the State of Florida. I am familiar with and account registered agent, or both, in the State of Florida. I am familiar with and account registered agent, or both, in the State of Florida. I am familiar with and account registered agent, or both, in the State of Florida. I am familiar with and account registered agent, or both, in the State of Florida. I am familiar with account registered agent, or both, in the State of Florida. I am familiar with account registered registered registered agent,	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent	
The above named entity submits his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am farmiliar with, and accept the obligations of registered agent. Signature Signature	460 N MASHTA DRIVE				
The above named entity submiss this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept some obligations of registered agent. File Now!!! FEE IS \$50.00	KEY BISCAYNE FL 33149				
SIGNATURE Signature Signa				FL	
FILE NOVEL Place in printed name of registrate appent and title if applicable. (NOTE: Registrated Appent separated when namistativity) FILE NOVEL!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM GRM ARIA DEL C 460 N MASHTA DRIVE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREE					
MANE CREEK PAYABLE STREET ADDRESS	SIGNATURE Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered Agent signature requi	red when reinstating) DATE	
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CITY-ST-ZIP 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		☐ Delete	name Street address	Statigo/ Journal	

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 cytrustee empowered to except this report as required by Chapter 608, Florida Statutes.

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

03-7-2004 (305)361-2677