2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State
03-08-2004 90276 006 ****50.00

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1. Entity Name
JUCADI, L.L.C.

Principal Place of Business	Mailing Address
13304 INDIAN MOUND RAOD WELLINGTON, FL 33414	13304 INDIAN MOUND RAOD WELLINGTON, FL 33414

01272004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
	c/o Mario G. de Mendoza, III,PA
Suite, Apt. #, etc. 13304 Indian Mound Road	Suite, Apt. #, etc. 12765 Forest Hill Blvd, #1302
City & State Wellington, FL	City & State Wellington, FL
Zip / Country 33414 / USA	Zip / Country 33414 / USA

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PORRO, HILDA M P.A. 12773 W. FOREST HILL BLVD., STE. 1201 WELLINGTON, FL 33414	Name: Mario G. de Mendoza, III, P.A. Street Address (P.O. Box Number is Not Acceptable): 12765 Forest Hill Boulevard Suite 1302 City: Wellington FL Zip Code: 33414

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 Mario G. de Mendoza, III, P.A. , Mario G. de Mendoza, III, President 1/27/04
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ARELLANO, CARLOS 13304 INDIAN MOUND RAOD WELLINGTON, FL 33414	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ARELLANO, CARLOS 13304 INDIAN MOUND ROAD WELLINGTON, FL 33414	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: X Carlos Arellano, Manager X (561) 795-9777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #