


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90431 039 ****50.00

DOCUMENT # L00000002514 1. Entity Name PATAGONIA ENTERPRISES, L.L.C.	
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Principal Place of Business 16241 N.W. 48TH AVE. MIAMI, FL 33014	Mailing Address 16241 N.W. 48TH AVE. MIAMI, FL 33014
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24061016

2. Principal Place of Business 4770 BISCAYNE BLVD. Suite, Apt. #, etc. SUITE 980 City & State MIAMI, FLORIDA Zip 33137 Country USA	3. Mailing Address 4770 BISCAYNE BLVD. Suite, Apt. #, etc. SUITE 980 City & State MIAMI, FLORIDA Zip 33137 Country USA
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03102004 Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0989568	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MUSSMAN, JAY D 3265 MERIDIAN PKWY #114 WESTON, FL 33331	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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 KAVANA, JORDAN 5881 NW 151 STREET #101 MIAMI LAKES, FL 33014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KAVANA, JORDAN 4770 BISCAYNE BLVD. SUITE 980 MIAMI, FLORIDA 33137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

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

3/10/04

Date

305-620-1851

Daytime Phone #