

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90081 009 *****50.00

DOCUMENT # L00000004257

1. Entity Name

HACIENDA COVE INVESTMENTS, LLC



Principal Place of Business

115 N.W. 167TH STREET
#300
NORTH MIAMI BEACH FL 33169

Mailing Address

115 N.W. 167TH STREET
#300
NORTH MIAMI BEACH FL 33169

44001601



MOORE CR2E083 (11/03)

2. Principal Place of Business

Suite, One SE 3rd Avenue
Suite 3100
City & Miami, FL 33131

3. Mailing Address

Suite One SE 3rd Avenue
Suite 3100
City Miami, FL 33131

4. FEI Number

65-1009992

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TRACY, GRANVIL M
~~115 N.W. 167TH STREET~~
~~#300~~
~~NORTH MIAMI BEACH FL 33169~~

7. Name and Address of New Registered Agent

Name

Street

(if Acceptable)

One SE 3rd Avenue
Suite 3100

City

Miami, FL 33131

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME BEHAR, SABY
STREET ADDRESS 115 NW 167TH ST. STE 300
CITY-ST-ZIP NORTH MIAMI BEACH FL 33169

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE One SE 3rd Avenue ☒ Change ☐ Addition
NAME Suite 3100
STREET ADDRESS Miami, FL 33131
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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

GRANVIL TRACY

4/27/04

Date

(305)-654-1500

Daytime Phone #