

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90226 015 ****50.00

DOCUMENT # L00000005119					
1. Entity Name MARAVILLA, L.L.C.					
Principal Place of Business 2350 19TH AVENUE VERO BEACH, FL 32960			Mailing Address 2350 19TH AVENUE VERO BEACH, FL 32960		
2. Principal Place of Business		3. Mailing Address P.O. Box 2131			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State VERO BEACH, FL		4. FEI Number 65-1005757	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 32961		Country US		Applied For Not Applicable	
6. Name and Address of Current Registered Agent HATCH, IRA C 1701 HIGHWAY A1A, SUITE 220 VERO BEACH, FL 32963			7. Name and Address of New Registered Agent Name: MIREYA LABRANCHE Street Address (P.O. Box Number is Not Acceptable): 2350 19TH AVENUE City: VERO BEACH FL Zip Code: 32960		
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: <i>Mireya Labranche</i> MIREYA LABRANCHE MGR. DATE: 3-2-2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when replacing)</small>					
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 LABRANCHE, MIREYA A 2350 19TH AVENUE VERO BEACH, FL 32960	<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	MGR RUIZ, OSCAR J 2350 19TH AVENUE VERO BEACH, FL 32960	<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	MGR [Blank] [Blank] [Blank]	<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	MGR [Blank] [Blank] [Blank]	<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	MGR [Blank] [Blank] [Blank]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Mireya Labranche</i> MIREYA LABRANCHE MGR. DATE: 3/2/2004 DAYTIME PHONE #: 564-6300 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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