

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90061 040 \*\*\*\*50.00

**DOCUMENT # L00000011468**



1. Entity Name  
**EAST FAIRVIEW HOMES L.L.C.**

Principal Place of Business  
**3052 S.W. 27 AVENUE  
MIAMI, FL 33133**

Mailing Address  
**3052 S.W. 27 AVENUE  
MIAMI, FL 33133**

**24058982**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**65-1050225**

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

**RENZI, PASQUALE  
3052 S.W. 27 AVE. #101  
MIAMI, FL 33133**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**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

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. **MGR** ADDITIONS/CHANGES

TITLE **D** ☒ Delete  
NAME **RENZI, PASQUALE**  
STREET ADDRESS **2642 NATOMA STREET**  
CITY - ST - ZIP **MIAMI, FL 33133**

TITLE **RENZI Holdings Inc** ☐ Change ☒ Addition  
NAME **3052 SW 27 Ave. #101**  
STREET ADDRESS **Miami, FL 33133**  
CITY - ST - ZIP

TITLE **D** ☒ Delete  
NAME **RENZI, RENZO**  
STREET ADDRESS **201 CRANDON BLVD, #163**  
CITY - ST - ZIP **KEY BISCAVNE, FL 33149**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE ☐ Delete  
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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

Date

Daytime Phone #

**Pasquale Renzi** **4/26/04** **3054468807**