## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L00000014060** 

1. Entity Name CAC REAL ESTATE, LLC



Principal Place of Business

14005 NW 186TH ST HIALEAH, FL 33018 Mailing Address

14005 NW 186TH ST HIALEAH, FL 33018

## FILED Apr 16, 2004 8:00 am Secretary of State

04-16-2004 90620 001 \*\*\*110.00

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## DO NOT WRITE IN THIS SPACE

04022004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1054324 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DALE, CHARLES S 414 NE 4TH ST FT LAUDERDALE, FL 33301-1152

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pur	pose of changing its re	egistered office or registered agent, or both, in t	he State of Fiorida. I am familiar with, and acce	
-	ŭ ŭ				
GNATURE Signature, typed or printed name of registered agent and title if applicable.			Registered Agent signature required when reinstating)	DATE	
Fi D	iling Fee is \$50.00 ue by May 1, 2004				
<del>)</del> .	MANAGING MEMBERS/MAN	IAGERS	<u> </u>		
TITLE NAME STREET ADDRESS XTY-ST-ZIP	PD FERNANDEZ, JOSE L 14005 NW 186 ST HIALEAH, FL 33018		h.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HALLEY, IGNACIO 14005 NW 186 ST HIALEAH, FL 33018				
TITLE Name Street address City-St-Zip	V GARFFER, MICHAEL D 14005 NW 186 ST HIALEAH, FL 33018		DO NOT WRITE		
TITLE Name Street address City-St-Zip	STD RIOS, <del>CEROSE</del> E 14005 NW 186 ST HIALEAH, FL 33018	orge.	IN TH	IN THIS SPACE	
TITLE NAME STREET ADDRESS					

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 accordate and that my signature shall have the same legal effect as it made under oath; that I am a managing member or manager of the limited liability company or the receiver or trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRI

GEORGE E, RIOS

4504

305)829-0700

Daylime Phone #