

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90559 028 ****50.00

DOCUMENT # L00000015515

1. Entity Name
18 ISLA BAHIA, L.L.C.



Principal Place of Business
4990 S.W. 52ND STREET
DAVIE, FL 33314

Mailing Address
4990 S.W. 52ND STREET
DAVIE, FL 33314

DO NOT WRITE IN THIS SPACE



01072004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-1117360

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHWARTZ, JOSEPH L ESQ
2435 HOLLYWOOD BOULEVARD
HOLLYWOOD, FL 33020

**DO NOT WRITE
IN THIS SPACE**

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**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	C.M.R. & B. MANAGEMENT CORP.
STREET ADDRESS	4990 S.W. 2ND STREET
CITY-ST-ZIP	DAVIE, FL 33314
TITLE	MGR
NAME	CASA UNO, INC.
STREET ADDRESS	1700 E. LAS OLAS BOULEVARD, STE 206
CITY-ST-ZIP	FT LAUDERDALE, FL 33301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/25/04 954-581-5600