

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000005350

**FILED**  
**Apr 26, 2004**  
**Secretary of State**

**Entity Name:** LIONGATE DESIGNER STRUCTURE, LLC

**Current Principal Place of Business:**

601 BRICKELL KEY DRIVE, SUITE 805  
MIAMI, FL 33131

**New Principal Place of Business:**

232 ANDALUSIA AVE  
SUITE 202  
CORAL GABLES, FL 33134

**Current Mailing Address:**

601 BRICKELL KEY DRIVE, SUITE 805  
MIAMI, FL 33131

**New Mailing Address:**

232 ANDALUSIA AVE  
SUITE 202  
CORAL GABLES, FL 33134

**FEI Number:** 01-0643426

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALLEN & GALEGO  
601 BRICKELL KEY DRIVE, SUITE 805  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

GALEGO & FUENTES  
232 ANDALUSIA AVE  
SUITE 202  
CORAL GABLES, FL 33134 US

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.

SIGNATURE: NORA GALEGO

04/26/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: COSTA, MANOLINA  
Address: 1321 LUGA AVENUE  
City-St-Zip: CORAL GABLES, FL 33156

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: COSTA, MANOLINA  
Address: 12975 OLD CUTLER RD  
City-St-Zip: MIAMI, FL 33156

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MANOLINA COSTA

MGR

04/26/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date