

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000005362

1. Entity Name
HIBOU ENTERPRISES, LLC



Principal Place of Business
2665 SOUTH BAYSHORE DRIVE
SUITE 1001
COCONUT GROVE, FL 33133

Mailing Address
2665 SOUTH BAYSHORE DRIVE
SUITE 1001
COCONUT GROVE, FL 33133



04122004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VITIER, EBERTO A
2665 SOUTH BAYSHORE DR IVE
SUITE 1001
COCONUT GROVE, FL 33133

**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

UD00000126978
04/23/04-80057-004 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME JUNCADELLA, AMADEO N
STREET ADDRESS 2665 S BAYSHORE DR #1001
CITY-ST-ZIP COCONUT GROVE, FL 33133

TITLE MGR
NAME VITIER, EBERTO A
STREET ADDRESS 2665 S BAYSHORE DR #1001
CITY-ST-ZIP COCONUT GROVE, FL 33133

TITLE
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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:

EBERTO VITIER

4/15/04 305-250-9939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #