


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 27, 2004 08:00 AM
Secretary of State

| | |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # L01000006114 1. Entity Name LO CURRO DEVELOPMENT, L.L.C. |  |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

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|-----------------------------------------------------------------------|-----------------------------------------------------------|
| Principal Place of Business 4850 S.W. 72ND AVE. MIAMI, FL 33155 | Mailing Address 4850 S.W. 72ND AVE. MIAMI, FL 33155 |
|-----------------------------------------------------------------------|-----------------------------------------------------------|



01162004No Chg-LLC CR2E083 (10/03)

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| 4. FEI Number 65-1094717 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent CERVANTES, PATRICIO 4850 S.W. 72ND AVE. MIAMI, FL 33155 |
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

000000068650
02/27/04-80050-004 50.00

| 9. MANAGING MEMBERS/MANAGERS | |
|----------------------------------------------------|----------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR CERVANTES, PATRICIO 4850 S.W. 72ND AVE. MIAMI, FL 33155 |
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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:  2-24-04 305dd1569
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #