2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000006952

1. Entity Name
EXCALIBUR REAL ESTATE, L.C.

Principal Place of Business	Mailing Address
4692 NW 74 AVE MIAMI, FL 33166	4692 N.W. 74 AVENUE MIAMI, FL 33166

DO NOT WRITE IN THIS SPACE

03172004No Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1120450
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROZENEWAIG, LESLIE ALAN
ONE S.E. THIRD AVENUE, SUITE 960
MIAMI, FL 33131

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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

U00000108285
-04/09/04-80049-012 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ROMAGOSA, JUAN E
STREET ADDRESS	4692 NW 74 AVE
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	MGRM
NAME	ROBERTO, PREGO
STREET ADDRESS	4692 N.W. 74 AVENUE
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: JUAN E. ROMAGOSA 4-1-04 (305) 406-9767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #