## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L01000007465

Entity Name: TV TIENDA GROUP LLC

RASSE, NELSON

City-St-Zip: NORTH MIAMI BEACH, FL 33160

19200 COLLINS AVE #539

Name:

Address:

FILED May 04, 2004 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
8280 N.W. #501 MIAMI, FL					
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
8280 N.W. #501 MIAMI, FL			PO BOX 651358 MIAMI, FL 33265	US	
FEI Number	: 65-1102749	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
HILLMAN-WALLER, LOUIS M 10 N.W. LE JEUNE ROAD SUITE 600 MIAMI, FL 33126 US			10 N.W. LE JEUNÉ SUITE 600	HILLMAN-WALLER, LOUIS M 10 N.W. LE JEUNE ROAD SUITE 600 MIAMI, FL 33265 US	
	e named entity : e of Florida.	submits this statement for the	purpose of changing its register	ed office or registered agent, or both	
SIGNATURE:				05/04/2004	
	Electror	nic Signature of Registered Ag	ent	Date	
MANAGING MEMBERS/MEMBERS:			ADDITIONS/CHANG	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM ( ) ALVAREZ, JOS 12421 S.W. 47 MIAMI, FL 331	TH ST.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM ( ) ESPINOSA, CII 4010 SW 138T MIAMI, FL 331	H AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM ( ) RASSE, NELSO 3140 CROWNE PALMDALE, CA	DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	MGRM (	) Delete	Title:	( ) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOSE P ALVAREZ MGR 05/04/2004