

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 07, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000008362 1. Entity Name SANTEFE ENTERPRISES, L.L.C.	
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Principal Place of Business 1950 LEE ROAD SUITE 102 WINTER PARK, FL 32789	Mailing Address 1950 LEE ROAD SUITE 102 WINTER PARK, FL 32789
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06042004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3722018	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134
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**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

06/04/04

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POLITI, SANDRA 6943 LOG JAM CT. OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAMS, TERRI 6943 LOG JAM CT. OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAMARGO, FELIPE 6943 LOG JAM CT. OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000162174
06/07/04-80001-027 50.00

U00000162174
06/07/04-80001-028 5.00

**DO NOT WRITE
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)(f), 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: _____

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

Date

Daytime Phone #

06/04/04