## **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## FILED Mar 03, 2004 8:00 am Secretary of State 03-03-2004 90150 024 \*\*\*\*50.00

DOCUMENT # L0100009353  1. Entity Name IBERIANA L.L.C.						03-03-2004 90150 024 ****50.00				
i '	e of Business	Mailing Address			7		·	~~	•	
I 1550 MADRUGA AVE I Suite 406		1550 MADRUGA AVE Suite 406								
CORAL GABLES, FL 33146		CORAL GABLES, FL 33146								
A D: :		O Mallian Address								
2. Principal Place of Business 9130 South Dadeland Blvd.		3. Mailing Address 9130 South Dadeland Blvd.				RIBI WAN BAWA BAWA A BI				
Suite, Apt. #, etc.		Suite, Apt, #, etc.			01082004	Ch- 11 C	<b>0000000</b>	/40/00		
Suite 1607		Suite 1607				Chg-LLC	CR2E083	<u> </u>		
City & State Miami, Fl		City & State Miami, Fl.			4. FEI Number 65_1111			<del>_</del> _	plied For	
Zip Country		Zip Country			65-1111521 Not Applicable  5 Cartificate of Status Desired 55.00 Additional					
331	156 US	33156		US	5. Certificate of	f Status Desired		Required		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent										
LEIVA, MARIA C				Name ALBI	ALBERTO AMOROS					
1550 MADRUGA AVE.				Street Address (P.O. Box Number is Not Acceptable)						
SUITE 406										
MIAMI, FL 33146				9130 South Dadeland Blvd., Suite 1607						
				City Mila	Miami FL Zip Code 33156					
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 / applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
Filing Fee is \$50.00 Due by May 1, 2004							e check paya a Department		,	
9.	MANAGING MEMBER				ADDITIONS/CHANGES					
TITLE NAME	DP LEIVA, GERMAN	XXPelete	TITLE NAME					] Change	☐ Addition	
STREET ADDRESS	1550 MADRUGA AVE., SUITE 40	6		ADDRESS						
CITY-ST-ZIP	CORAL GABLES, FL 33146		CITY-ST	r-ZIP						
TITLE	DV	☐ Delete	TITLE	Mar	nager		Į.	Change	Addition	
NAME STREET LODGES	DECASTRO, MANUEL R			Rodriguez de Castro, Manuel						
STREET ADDRESS	S 1550 MADRUGA AVE., SUITE 406 CORAL GABLES, FL 33146			ADDRESS 913	0 S. Dadeland Blvd., Suite 1607					
TITLE	DST	XX Delete	TITLE		<del>ami, FL 3</del>	3156		] Change	Addition	
NAME	LEIVA, MARIA C	Times pound	NAME	•			_		<u></u>	
STREET ADDRESS	1550 MADRUGA AVE., SUITE 40	6		ADDRESS						
CITY-ST-ZIP	CORAL GABLES, FL 33146		CITY-ST							
TITLE NAME		☐ Delete	TITLE NAME		nager schiera C.	A Alia		] Change	Addition XX	
STREET ADDRESS			STREET A		30 S. Dade			e 160	<b>)</b> 7	
CITY-ST-ZIP	,		CITY-ST	- 740 I	ami, Fl. 3		, Dare	C 100	'	
TITLE		☐ Delete	TITLE					Change	Addition	
NAME			NAME						;	
STREET ADDRESS CITY-ST-ZIP			CITY-ST	ADORESS 1-ZIP						
TITLE		☐ Delete	TITLE					] Change	Addition	
NAME			NAME				_	,yv		
STREET ADDRESS				ADDRESS						
CITY-ST-ZIP			CITY-ST					al		
11. Thereby of indicated	certify that the information supplied with on this report is true and accurate and the	tris tiling does not qualify for that my signature shall have !	r the exemp the same le	onon stated in S egal effect as if	section 119.07(3)(i) f made under oath;	, Florida Statutes. I that I am a manag	runner certify jing member o	ınat the in r manage	r of the	

SIGNATURE: Manuel Rodriguez de Castro, Manager BORNATURE AND TYPED ON FRINTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE DELO

<u>305\_67</u>0\_3716 Daytime Phone #