

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90019 015 ****50.00

DOCUMENT # L01000009619			
1. Entity Name GRAND OAKS ESTATES, LLC			
Principal Place of Business 3006 AVIATION AVE. SUITE 2-A COCONUT GROVE, FL 33133		Mailing Address 3006 AVIATION AVE. SUITE 2-A COCONUT GROVE, FL 33133	
2. Principal Place of Business <i>Eduardo Avila #200</i> Suite, Apt. #, etc. <i>2601 South Bayshore Dr</i>		3. Mailing Address <i>Eduardo Avila</i> Suite, Apt. #, etc. <i>#200</i>	
City & State <i>Miami, FL</i>		City & State <i>Miami, FL</i>	
Zip <i>33133</i>		Zip <i>33133</i>	
Country <i>USA</i>		Country <i>USA</i>	
4. FEI Number 65-1115907		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent AVILLA, EDUARDO 3006 AVIATION AVENUE SUITE 2A MIAMI, FL 33133		7. Name and Address of New Registered Agent Name <i>Avila, Eduardo</i> Street Address (P.O. Box Number is Not Acceptable) <i>2601 South Bayshore Drive</i> <i>Suite #200</i> City <i>Miami</i> FL Zip Code <i>33133</i>	
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 <i>[Signature]</i> Signature, typed or printed name of registered agent and file if applicable		DATE <i>4/19/04</i> DATE	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AVILA, EDUARDO 3006 AVIATION AVENUE, 2-A MIAMI, FL 33133 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Avila, Eduardo</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>2601 South Bayshore Drive #200</i> <i>Miami, FL 33133</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AVILA, CARLOS E 3006 AVIATION AVENUE, 2-A MIAMI, FL 33133 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Avila, Carlos</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>2601 South Bayshore Drive #200</i> <i>Miami, FL 33133</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 and trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date <i>4/19/04</i> Daytime Phone # <i>(305) 857-0400</i>	

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