

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 26, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000013368 1. Entity Name CAYON, LLC	
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Principal Place of Business 782 NW LEJEUNE RD., STE. 548 MIAMI, FL 33126	Mailing Address 782 NW LEJEUNE RD., STE. 548 MIAMI, FL 33126
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DO NOT WRITE IN THIS SPACE

	
03222004 No Chg-LLC	CR2E083 (10/03)
4. FEI Number 37-1432469	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MARQUEZ, JOSE M 782 NW LEJEUNE RD., STE. 548 MIAMI, FL 33126	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____

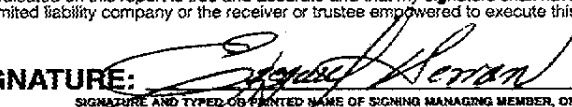
**Filing Fee is \$50.00
Due by May 1, 2004**

1100000097289
03/26/04-80033-008 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM HERRAN, MANUEL A 782 NW LEJEUNE RD., STE. 548 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM HERRAN, JOSE A 782 NW LEJEUNE RD., STE. 548 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM HERRAN, ANA MARI 782 NW LEJEUNE RD., STE. 548 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM HERRAN, EZEQUIEL 782 NW LEJEUNE RD., STE. 548 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM HERRAN, ANTOLIN 782 NW LEJEUNE RD., STE. 548 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**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)(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:  **3/26/04** **305-559-3731**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #