


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L01000013448 1. Entity Name ALMA, L.L.C.	
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Principal Place of Business 4100 N CIRCLE DRIVE HOLLYWOOD, FL 33021	Mailing Address 4100 N CIRCLE DRIVE HOLLYWOOD, FL 33021
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01192004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1134482	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 GUTIERREZ, ALESIA 4100 N CIRCLE DRIVE HOLLYWOOD, FL 33021
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

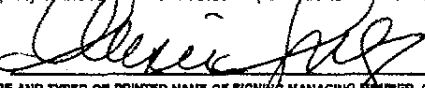
**Filing Fee is \$50.00
Due by May 1, 2004**

U000000039688
02/09/04-80016-004 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GUTIERREZ, JOSE M 4100 N CIRCLE DR HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GUTIERREZ, ALESIA 4100 N CIRCLE DR HOLLYWOOD, FL 33021
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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  **2/2/04** **(954) 214-7979**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #