



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 27, 2004 8:00 am
Secretary of State

09-27-2004 90084 041 ****55.00

DOCUMENT # L01000014913 1. Entity Name LALD LLC					
Principal Place of Business 2395 N.W. 49TH LANE BOCA RATON, FL 33431				Mailing Address 2395 N.W. 49TH LANE BOCA RATON, FL 33431	
2. Principal Place of Business 2200 Glades Rd. Suite, Apt. #, etc. # 900		3. Mailing Address 2200 Glades Rd. Suite, Apt. #, etc. # 900			
City & State BOCA RATON/FL.		City & State BOCA RATON/FL		09232004 Chg-LLC CR2E083 (10/03)	
Zip 33431 Country USA		Zip 33431 Country USA		4. FEI Number 65-1134572	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MACIA, FEDERICO M ESQ. 2601 SOUTH BAYSHORE DR. SUITE #1600 MIAMI, FL 33133				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 September 8, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALEZ, LELIS 2200 W. GLADES ROAD, SUITE 900 BOCA RATON, FL 33431			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALEZ, MARIA 2200 W. GLADES ROAD, SUITE 900 BOCA RATON, FL 33431			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: _____				9/23/04 Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					