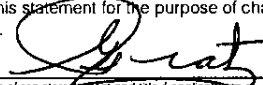
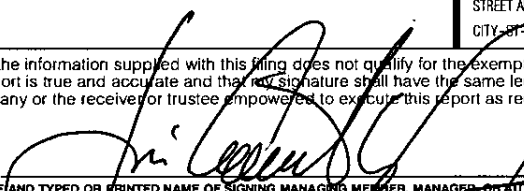


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90014 048 \*\*\*\*55.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                             |                                                                                                                                                                                                                                              |                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| <b>DOCUMENT # L01000016359</b><br>1. Entity Name<br><b>PROMOVAL HOLDINGS L.C.</b>                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                             |                                                                                                                                                             |                                                                                          |
| Principal Place of Business<br><b>2588 SW 27TH AVE.<br/>MIAMI, FL 33133</b>                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                             | Mailing Address<br><b>2588 SW 27TH AVE.<br/>MIAMI, FL 33133</b>                                                                                                                                                                              |                                                                                          |
| 2. Principal Place of Business<br><b>2121 PONCE DE LEON BLVD SUITE 240</b><br><small>Suite, Apt. #, etc.</small>                                                                                                                                                                                                                                                                                                                                                                                              |                                                             | 3. Mailing Address<br><b>2121 PONCE DE LEON BLVD SUITE 240</b><br><small>Suite, Apt. #, etc.</small>                                                                                                                                         |                                                                                          |
| City & State<br><b>CORAL GABLES, FLORIDA</b><br><small>City</small>                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                             | City & State<br><b>CORAL GABLES, FLORIDA</b><br><small>City</small>                                                                                                                                                                          |                                                                                          |
| Zip<br><b>33134</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                             | Zip<br><b>33134</b>                                                                                                                                                                                                                          |                                                                                          |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                             | Country                                                                                                                                                                                                                                      |                                                                                          |
| 4. FEI Number<br><b>65-1140690</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                             | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                                       |                                                                                          |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                             | <b>\$5.00</b> Additional Fee Required                                                                                                                                                                                                        |                                                                                          |
| 6. Name and Address of Current Registered Agent<br><br><b>GARCIA, ANTONIO<br/>2588 S.W. 27TH AVE.<br/>MIAMI, FL 33133</b>                                                                                                                                                                                                                                                                                                                                                                                     |                                                             | 7. Name and Address of New Registered Agent<br>Name <b>PRATS, GABRIEL</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2121 PONCE DE LEON BLVD.<br/>SUITE 240</b><br>City <b>CORAL GABLES</b> <b>FL</b> Zip Code <b>33134</b> |                                                                                          |
| 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 <b>2-4-04</b>                                                                                                                                                                                                                           |                                                                                          |
| Signature, typed or printed name of registered agent and title if applicable: (NOTE: Registered Agent signature required when reinstating)                                                                                                                                                                                                                                                                                                                                                                    |                                                             | DATE                                                                                                                                                                                                                                         |                                                                                          |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                             | <b>Make check payable to<br/>Florida Department of State</b>                                                                                                                                                                                 |                                                                                          |
| <b>9. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                             | <b>10. ADDITIONS/CHANGES</b>                                                                                                                                                                                                                 |                                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MGR<br>LEGA, JOSE C<br>2558 SW 27TH AVE.<br>MIAMI, FL 33133 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                               | MGR<br>CALARA LTD.<br>2121 PONCE DE LEON BLVD. N. 240<br>CORAL GABLES, FLORIDA 33134     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MGR<br>LEGA, JOSE C<br>2558 SW 27TH AVE.<br>MIAMI, FL 33133 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                               | MGR<br>INVERLEG L.L.C.<br>2121 PONCE DE LEON BLVD. N. 240<br>CORAL GABLES, FLORIDA 33134 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                             | TITLE<br>NAME<br>STREET ADDRESS<br>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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |                                                             |                                                                                                                                                                                                                                              |                                                                                          |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                             | Date <b>4/26/04</b> Daytime Phone # <b>305-444-8333</b>                                                                                                                                                                                      |                                                                                          |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                         |                                                             |                                                                                                                                                                                                                                              |                                                                                          |