

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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**FILED**  
**Jun 24, 2004 8:00 am**  
**Secretary of State**

06-03-2004 90330 001 \*\*\*\*50.00

<b>DOCUMENT # L01000016659</b> 1. Entity Name <b>VAR HOLDINGS, LLC</b>			
Principal Place of Business <b>701 BRICKELL AVE. SUITE 3000 MIAMI, FL 33131</b>		Mailing Address <b>701 BRICKELL AVE. SUITE 3000 MIAMI, FL 33131</b>	
2. Principal Place of Business <b>1111 Crandon Blvd.</b> Suite, Apt. #, etc.:		3. Mailing Address <b>150 West Flagler St.</b> Suite, Apt. #, etc.: <b>1400</b>	
City & State <b>Key Biscayne, FL</b>		City & State <b>Miami, FL</b>	
Zip <b>33149</b>		Zip <b>33130</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>94-3419907</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number Is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRP CSALJUP ALVEREZ, JULIA I 701 BRICKELL AVE STE 3000 MIAMI, FL 33131</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRV ALVAREZ-RENTA, LUIS 701 BRICKELL AVE STE 3000 MIAMI, FL 33131</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Alvarez Renta, Luis Jr. 150 W. Flagler St. Suite 1400 MIAMI, FL 33130</b>
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
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
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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
<b>SIGNATURE:</b> <u>LAJ</u> <b>05/17/04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>			

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