2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000017198

1. Entity Name URREA HOLDINGS LLC



Principal Place of Business

2665 S. BAYSHORE DR., STE. 703

MIAMI, FL 33133

Mailing Address

2665 S. BAYSHORE DR., STE. 703

MIAMI, FL 33133

FILED

2004 MAY 14 PM 12: 17

*DIVISION OF CORPORATIONS FALLAHASSEE, FLORIDA



04272004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 43-1967852 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

WORLD CORPORATE SERVICES, INC. 2665 S. BAYSHORE DR., STE. 703 MIAMI, FL 33133

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

700036268127

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR *
NAME	URREA, JULIO
STREET ADDRESS	2665 S. BAYSHORE DR., STE. 703
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	MGR
NAME	URREA, ELVIA
STREET ADDRESS	2665 S. BAYSHORE DR., STE. 703
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	
NAME -	'
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	·
CITY-ST-ZIP	
TITLE	
NAMÉ	
STREET ADDRESS	·
CITY-ST-ZIP	
TITLE	
NAME	,
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filling 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.

Timothy D. Richards

4/15/04 (305) 858-9900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #