


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2004 8:00 am
Secretary of State

01-28-2004 90022 003 ****50.00

DOCUMENT # L01000019993					
1. Entity Name PALIKA, L.L.C.					
Principal Place of Business 7310 MINDELLO ST CORAL GABLES, FL 33143 US			Mailing Address 7310 MINDELLO ST 34TH FLOOR, MIAMI CENTER CORAL GABLES, FL 33143 US		
2. Principal Place of Business		3. Mailing Address 7310 Mindello St.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Coral Gables, FL			
Zip	Country	Zip 33143	Country US	4. FEI Number 52-2354739	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LAFONTISEE, LOUIS L ESQ. 3121 COMMODORE PLAZA SUITE 301 MIAMI, FL 33133			7. Name and Address of New Registered Agent Name: LEBAZ, JACQUES Street Address (P.O. Box Number is Not Acceptable): 7310 Mindello Street 34th Floor City: Coral Gables, FL Zip Code: 33143		
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: <i>[Signature]</i> JACQUES LEBAZ DATE: 01/21/04 <small>Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEBAZ, JACQUES 7310 MINDELLO ST CORAL GABLES, FL 33143 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARONES DE MIRANDA, ALICE 7310 Mindello Street Coral Gables, FL 33143 <input type="checkbox"/> Change <input checked="" 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	
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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.					
SIGNATURE: <i>[Signature]</i> JACQUES LEBAZ DATE: 01/21/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					