

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000020683 1. Entity Name 2929 DEL-HIL PROPERTY MANAGEMENT, LLC					
Principal Place of Business 366 SW 22ND ROAD MIAMI FL 33129			Mailing Address 366 SW 22ND ROAD MIAMI FL 33129		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-1158600 <div style="float: right;"> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent CORPCO, INC. 2699 SOUTH BAYSHORE DRIVE, SEVENTH FLOOR 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ONTIVERO, DELIA	NAME	U000000060683		
STREET ADDRESS	366 SW 22ND ROAD	STREET ADDRESS	02/23/04-80050-001 50.00		
CITY-ST-ZIP	MIAMI FL 33129	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BENGOCHEA, HILDA	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	364 SW 22ND ROAD	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	MIAMI FL 33129	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP		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.

Delia Ontivero
SIGNATURE: *Hilda Bengochea* **2/18/04**

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