

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000021255

Entity Name: SPLENDIDO, L.L.C.

**FILED**  
**Mar 01, 2004**  
**Secretary of State**

**Current Principal Place of Business:**

6450 ALLISON ROAD  
MIAMI BEACH, FL 33141

**New Principal Place of Business:**

121 ALHAMBRA PLAZA  
CORAL GABLES, FL 33134

**Current Mailing Address:**

6450 ALLISON ROAD  
MIAMI BEACH, FL 33141

**New Mailing Address:**

1777 MICHIGAN AVE  
# 105  
MIAMI BEACH, FL 33139

FEI Number: 80-0023810

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHEAR, DAVID  
201 ALHAMBRA CIRCLE SUITE 601  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: FILPI, FIERO  
Address: 6450 ALLISON ROAD  
City-St-Zip: MIAMI BEACH, FL 33141

Title: MGRM ( ) Delete  
Name: GAMBLE, DEAN  
Address: 4319 E. 7TH AVENUE  
City-St-Zip: TAMPA, FL 33065

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FILPI, PIERO  
Address: 6450 ALLISON ROAD  
City-St-Zip: MIAMI BEACH, FL 33141

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: PIERO FILPI

MGRM

03/01/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date