2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 02, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000022151

1. Entity Name
MARIPOSA WOODS, LLC

Principal Place of Business	Mailing Address
900 SE 3RD AVE., STE. 201 FORT LAUDERDALE, FL 33316	900 SE 3RD AVE., STE. 201 FORT LAUDERDALE, FL 33316

DO NOT WRITE IN THIS SPACE

06302004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
33-0825540

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

COFFEY, KEVIN M
900 SE 3RD AVENUE
SUITE 201
FORT LAUDERDALE, FL 33316

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 8, 2004

U00000168925
08/02/04-80003-006 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	COFFEY, KEVIN M
STREET ADDRESS	900 SE 3RD AVENUE #201
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	MGRM
NAME	WALSH, JOHN F
STREET ADDRESS	425 BAY STREET
CITY-ST-ZIP	SANTA MONICA, CA 90405
TITLE	MGRM
NAME	EVANS, WILLIAM D
STREET ADDRESS	10 RED BIRCH
CITY-ST-ZIP	LITTLETON, CO 80217
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 7-1-04 954 527 9695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #