

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90454 038 ****50.00

DOCUMENT # L02000003533

1. Entity Name

A & P, LIMITED LIABILITY COMPANY



Principal Place of Business

**717 PONCE DE LEON BLVD., SUITE 230
CORAL GABLES, FL 33134**

Mailing Address

**717 PONCE DE LEON BLVD., SUITE 230
CORAL GABLES, FL 33134**

DO NOT WRITE IN THIS SPACE



01062004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number

03-0458367

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PORTELA, RAMON
717 PONCE DE LEON BLVD., SUITE 230
CORAL GABLES, FL 33134**

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IN THIS SPACE**

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**

9. MANAGING MEMBERS/MANAGERS

**TITLE MGR
NAME PORTELA, RAMON
STREET ADDRESS 717 PONCE DE LEON BLVD., SUITE 230
CITY-ST-ZIP CORAL GABLES, FL 33134**

**TITLE MGR
NAME ALEMAN, HUMBERTO
STREET ADDRESS 717 PONCE DE LEON BLVD., SUITE 230
CITY-ST-ZIP CORAL GABLES, FL 33134**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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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:

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

Date

Daytime Phone #

RAMON PORTELA

4-19-04

786-268-0286