

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90007 021 ****50.00

DOCUMENT # L02000006614

1. Entity Name
9420 W BAY HARBOR DRIVE II, LLC



Principal Place of Business ~~2655 Le Jeune Rd Ste 326~~
~~Coral Gables, FL 33134~~ Mailing Address
9420 W BAY HARBOR DRIVE
BAY HARBOR ISLAND, FL 33154 **9420 W BAY HARBOR DRIVE**
BAY HARBOR ISLAND, FL 33154



04302004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0644272

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~GRISALES-RACINE, OSCAR~~
~~999 BRICKELL AVE.~~
~~SUITE 700~~
~~MIAMI, FL 33131~~

Jacqueline Rodryg
2655 Le Jeune Rd
Ste 326
Coral Gables FL 33134

**DO NOT WRITE
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
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
MANSILLA, GUILLERMO C
9781 E. BAY HARBOR DRIVE
MIAMI BEACH, FL 33154

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
MULERO, ADOLFO
9781 E 674 HARBOR DRIVE
MIAMI BEACH, FL 33154

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
ACAVANDRO, ADRIAN
9781 E BAY HARBOR DRIVE
MIAMI BEACH, FL 33154

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
BRODSHI, ERNEST L
9781 E BAY HARBOR DRIVE
MIAMI BEACH, FL 33154

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
GRUKMAN, EDUARDO
9781 GAY HARBOR DRIVE
MIAMI BEACH, FL 33154

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 #

Jacqueline Rodryg (POA) 4/30/04 305 350 025