2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000007533

1. Entity Name
CUTLER GLEN, LLC

Principal Place of Business	Mailing Address
300 N.W. 12TH AVENUE MIAMI, FL 33128	300 N.W. 12TH AVENUE MIAMI, FL 33128

DO NOT WRITE IN THIS SPACE

04162004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
X Not Applicable

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

6. Name and Address of Current Registered Agent

MALDRANO, SAL
300 N.W. 12TH AVENUE
MIAMI, FL 33128

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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 May 1, 2004

U00000125212
04/22/04-80075-017 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRP
NAME	DOMINGUEZ, AGUSTIN
STREET ADDRESS	300 NW 12 AVE
CITY-ST-ZIP	MIAMI, FL 33128
TITLE	MGRV
NAME	FABREGAS, JOSE
STREET ADDRESS	300 NW 12 AVE
CITY-ST-ZIP	MIAMI, FL 33128
TITLE	MGRV
NAME	RETALES, RONALD
STREET ADDRESS	300 NE 12 AVE
CITY-ST-ZIP	MIAMI, FL 33128
TITLE	MGRS
NAME	MARTORANO, SALVATORE
STREET ADDRESS	300 NW 12 AVE
CITY-ST-ZIP	MIAMI, FL 33128
TITLE	MGRS
NAME	ANDERSON, EUGENIA J
STREET ADDRESS	300 NW 12 AVE
CITY-ST-ZIP	MIAMI, FL 33128
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: _____ 4/16/04 305 324 5502 X113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #