

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000008685**

1. Entity Name  
**LOVE LAND LLC**



Principal Place of Business

**782 NW LE JEUNE RD., #650  
MIAMI, FL 33126**

Mailing Address

**782 NW LE JEUNE RD., #650  
MIAMI, FL 33126**



04052004

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**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**04-3687164**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** 00000000  
00000000

6. Name and Address of Current Registered Agent

**JACOMINO, ANTONIO D  
782 NW LE JEUNE RD., #650  
MIAMI, FL 33126**

**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)

**4/6/04**  
DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
PATRONE, ALFREDO  
782 NW LE JEUNE RD., #650  
MIAMI, FL 33126**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
CAPRA, ALESSANDRO  
782 NW LE JEUNE RD., #650  
MIAMI, FL 33126**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000107707  
04/09/04-80025-023 50.00

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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

**4/6/04 (305)4422470**  
Date Daytime Phone #