


2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
04 NOV -1 PM 5:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000010259	
1. Entity Name LITTLE HAVANA NEIGHBORHOOD PROPERTIES, LLC	

Principal Place of Business 6526 VIA ROSA BOCA RATON, FL 33433	Mailing Address 6526 VIA ROSA BOCA RATON, FL 33433
--	--

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



10292004 Chg-LLC CR2E083 (10/03)

4. FEI Number 37-1429422	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent
WELBLAT, JACK 6526 VIA ROSA BOCA RATON, FL 33433

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

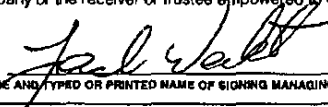
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Amended AR is \$50.00	Make check payable to Florida Department of State
------------------------------	--

9. MANAGING MEMBERS/MANAGERS											
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<table border="1"> <tr> <td>MGRM WEISBLAT, JACK 6526 VIA ROSA BOCA RATON, FL 33433</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>Manager Theresa Santana 8919 Dickens Avenue Surfside, FL 33154</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>AMENDED</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>2004</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>AR.</td> <td><input type="checkbox"/> Delete</td> </tr> </table>	MGRM WEISBLAT, JACK 6526 VIA ROSA BOCA RATON, FL 33433	<input type="checkbox"/> Delete	Manager Theresa Santana 8919 Dickens Avenue Surfside, FL 33154	<input type="checkbox"/> Delete	AMENDED	<input type="checkbox"/> Delete	2004	<input type="checkbox"/> Delete	AR.	<input type="checkbox"/> Delete
MGRM WEISBLAT, JACK 6526 VIA ROSA BOCA RATON, FL 33433	<input type="checkbox"/> Delete										
Manager Theresa Santana 8919 Dickens Avenue Surfside, FL 33154	<input type="checkbox"/> Delete										
AMENDED	<input type="checkbox"/> Delete										
2004	<input type="checkbox"/> Delete										
AR.	<input type="checkbox"/> Delete										

10. ADDITIONS/CHANGES									
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<table border="1"> <tr> <td>200042349342</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>Change</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>Change</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>Change</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>	200042349342	<input type="checkbox"/> Change <input type="checkbox"/> Addition	Change	<input type="checkbox"/> Change <input type="checkbox"/> Addition	Change	<input type="checkbox"/> Change <input type="checkbox"/> Addition	Change	<input type="checkbox"/> Change <input type="checkbox"/> Addition
200042349342	<input type="checkbox"/> Change <input type="checkbox"/> Addition								
Change	<input type="checkbox"/> Change <input type="checkbox"/> Addition								
Change	<input type="checkbox"/> Change <input type="checkbox"/> Addition								
Change	<input type="checkbox"/> Change <input type="checkbox"/> Addition								

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: 	Jack Weisblat, Manager	10/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #



CORPORATION SERVICE COMPANY

L02000010259

ACCOUNT NO. : 072100000032

REFERENCE : 950170 5014227

AUTHORIZATION

Patricia Pizuto

COST LIMIT : \$ 50.00

ORDER DATE : November 1, 2004

ORDER TIME : 10:02 AM

ORDER NO. : 950170-005

CUSTOMER NO: 5014227

CUSTOMER: Ms. Cindy Labonte
Becker & Poliakoff, P.a.
3111 Stirling Road

Fort Lauderdale, FL 33312

BK

FILED
04 NOV - 1 PM 5:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: LITTLE HAVANA NEIGHBORHOOD
PROPERTIES, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward-EXT#2935

EXAMINER'S INITIALS: _____

RECEIVED
04 NOV - 1 AM 10:44
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA