

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000010884

Entity Name: CABRERIZO I.U., LLC

FILED
Feb 18, 2004
Secretary of State

Current Principal Place of Business:

201 ALHAMBRA CIRCLE, STE. 601
CORAL GABLES, FL 33134

New Principal Place of Business:

11000 N.W. 92ND TERRACE
MIAMI, FL 33178

Current Mailing Address:

201 ALHAMBRA CIRCLE, STE. 601
CORAL GABLES, FL 33134

New Mailing Address:

11000 N.W. 92ND TERRACE
MIAMI, FL 33178

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LESTER, PAUL A
201 ALHAMBRA CIRCLE, STE. 601
CORAL GABLES, FL 33134

Name and Address of New Registered Agent:

LESTER, PAUL A
201 ALHAMBRA CIRCLE
SUITE 601
CORAL GABLES, FL 33134

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.

SIGNATURE:

02/18/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: CESTER, PAUL A
Address: 201 ALHAMBRA CIRCLE #601
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR (X) Delete
Name: LESTER, LOIS J
Address: 201 ALHAMBRA CIRCLE #601
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CABRERIZO, TOMAS
Address: 11000 N.W. 92ND TERRACE
City-St-Zip: MIAMI, FL 33178

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: TOMAS CABRERIZO

MGR

02/18/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date