


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) -

5/3/2004-90134-047-\$55.00-\$55.00

DOCUMENT # L02000015371 1. Entity Name EUROTECH DEVELOPMENT COMPANY, LLC						FILED 04 JUN 11 PM 12:21 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 11890 SW 8TH STREET, SUITE 500 MIAMI FL 33184				Mailing Address 11890 SW 8TH STREET, SUITE 500 MIAMI FL 33184			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 22-3872061				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent CANTENS, GASTON E SR. 11890 SW 8TH STREET, SUITE 500 MIAMI FL 33184				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____							
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004							
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARADES, FAUSTINO J 11890 SW 8TH STREET, SUITE 500 MIAMI FL 33184 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO ENRIQUEZ, LUIS N 11890 SW 8TH STREET, SUITE 500 MIAMI FL 33184 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVP FERNANDEZ, JOSE J 11890 SW 8TH STREET, SUITE 500 MIAMI FL 33184 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVP CARBALLO, JULIO C 11890 SW 8TH STREET, SUITE 500 MIAMI FL 33184 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHIEF OPERATING OFFICER GASTON E. CANTENS, SR. 11890 SW 8TH STREET, SUITE 500 MIAMI FL 33184 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: _____				Date 4/19/04 Daytime Phone # (305) 227-3800			
GASTON E. CANTENS, CEO							