


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90151 039 ****50.00

DOCUMENT # L02000015483			
1. Entity Name EL PASO, LLC			
Principal Place of Business 241 SEVILLA AVENUE SUITE 302 CORAL GABLES FL 33134		Mailing Address PO BOX 0141873 CORAL GABLES FL 33134	
2. Principal Place of Business <i>201 Sevilla Ave</i>		3. Mailing Address	
Suite, Apt. #, etc. <i>Suite # 202</i>		Suite, Apt. #, etc.	
City & State <i>Coral Gables, FL</i>		City & State	
Zip <i>33134</i>	Country <i>U.S.A.</i>	Zip	Country
4. FEI Number 65-1163439		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 SANCHEZ-GALARRAGA, JORGE 1313 PONCE DE LEON BLVD., STE 301 CORAL GABLES FL 33134		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
FL			
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)	
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	MGR ABRANTE, JOSE A SR PO BOX 0141873 CORAL GABLES FL 33134 <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	MGR ABRANTE, JR, JOSE A PO BOX 0141873 CORAL GABLES FL 33134 <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	MGR ABRANTE, ALBERTO R 9360 S.W. 66TH STREET MIAMI FL 33173 <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	MGR SERVITUE-MONTULL, LORENZO FRESNO #70, APT 1-B COLONIA PALO ALTO MEXICO DISTRITO FEDERAL, MX MX <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	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition



MOORE CR2E083 (11/03)

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]* José A. Abrante x *02/27/04* 305-445-2610
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #