



**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000015716	
1. Entity Name ESTANCIA PALM SPRINGS, LLC	

Principal Place of Business 701 W CYPRESS CRK RD 3RD FL FT LAUDERDALE, FL 33309	Mailing Address 701 W CYPRESS CRK RD 3RD FL FT LAUDERDALE, FL 33309
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DO NOT WRITE IN THIS SPACE



03162004No Chg-LLC CR2E083 (10/03)

4. FEI Number 82-0550759	<input type="checkbox"/> 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

KODSI LAW FIRM
701 W CYPRESS CRK RD
3RD FL
FT LAUDERDALE, FL 33309

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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) _____ DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BIBAS, OLIVER
STREET ADDRESS	701 W CYPRESS CRK RD 3RD FL
CITY - ST - ZIP	FT LAUDERDALE, FL 33309
TITLE	MGRM
NAME	KODSI, ISAAC
STREET ADDRESS	701 W CYPRESS CRK RD 3RD FL
CITY - ST - ZIP	FT LAUDERDALE, FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
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

Date _____ Daytime Phone # _____