2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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1. Entity Name

701 W CYPRESS CRK RD

ESTANCIA PALM SPRINGS, LLC Principal Place of Business Mailing Address

701 W CYPRESS CRK RD 3RD FL 3RD FL FT LAUDERDALE, FL 33309 FT LAUDERDALE, FL 33309



DO NOT WRITE IN THIS SPACE

03162004No Chg-LLC

CR2E083 (10/03)

4. FEI Number 82-0550759

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KODSI LAW FIRM 701 W CYPRESS CRK RD 3RD FL

DO NOT WRITE IN THIS SPACE

FILAUDE	:RDALE, FL 33309	li V	IN THIS SPACE		
8. The above the obligat	named entity submits this statement for the purpose of changions of registered agent.	J ing its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept		
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature rectured when reinstating)	DATE		
Fi D	iling Fee is \$50.00 ue by May 1, 2004		005090110842		
9.	MANAGING MEMBERS/MANAGERS		- 01/12/94-60637-089-54-00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BIBAS, OLIVER 701 W CYPRESS CRK RD 3RD FL FT LAUDERDALE, FL 33309				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KODSI, ISAAC 701 W CYPRESS CRK RD 3RD FL FT LAUDERDALE, FL 33309				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN .	IN THIS SPACE		
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE		·-	1		

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 it further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as it 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF SHATTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #