2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 07, 2004
Secretary of State

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Entity Name: LA PLACIDA REAL ESTATE DEVELOPMENT, L.L.C.

Current Principal Place of Business:

1820 N. CORPORATE LAKES BLVD.
SUITE 304
WESTON, FL 33331 US

New Principal Place of Business:

Current Mailing Address:

1820 N. CORPORATE LAKES BLVD.
SUITE 304
WESTON, FL 33331 US

New Mailing Address:

P.O. BOX 268014
WESTON, FL 33326 US

FEI Number: 04-3691431 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RESTREPO, FERNAN
1365 VICTORIA ISLE DRIVE
WESTON, FL 33327 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: STAAB, MATTHEW T
Address: 4177 STAGHORN LANE
City-St-Zip: WESTON, FL 33331 US

Title: MGR ( ) Delete
Name: GARCIA, LUIS E
Address: 1384 VICTORIA ISLE DRIVE
City-St-Zip: WESTON, FL 33327 US

Title: MGR ( ) Delete
Name: RESTREPO, FERNAN
Address: 1365 VICTORIA ISLE DRIVE
City-St-Zip: WESTON, FL 33327 US

ADDITIONS/CHANGES:

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

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

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: MATTHEW T STAAB MGR 09/07/2004

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