


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90212 042 \*\*\*\*50.00

**DOCUMENT # L02000017732**

1. Entity Name  
**MENDOZA APARTMENTS, L.L.C.**



Principal Place of Business      Mailing Address

2100 SALZEDO STREET STE. 300      2100 SALZEDO STREET STE. 300  
 CORAL GABLES FL 33134      CORAL GABLES FL 33134

24010100



MOORE CR2E083 (11/03)

2. Principal Place of Business      3. Mailing Address

*2 Alhambra Plaza*      *2 Alhambra Plaza*

Suite, Apt. #, etc.      Suite, Apt. #, etc.

*Suite 860*      *Suite 860*

City & State      City & State

*Coral Gables, FL*      *Coral Gables, FL*

Zip      Country      Zip      Country

*33134*      *FL*      *33134*      *FL*

4. FEI Number      Applied For

**56-2289468**       Not Applicable

5. Certificate of Status Desired      \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**PADRON, CARLOS E**  
 2100 SALZEDO STREET STE. 300  
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

*2 Alhambra Plaza, Suite 860*

City      State      Zip Code

*Coral Gables*      **FL**      *33134*

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]*      DATE *2/4/04*

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

TITLE	MGR	<input type="checkbox"/> Delete
NAME	CRISANA CORPORATION	
STREET ADDRESS	2100 SALZEDO STREET STE. 300	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>2 Alhambra Plaza, Suite 860</i>	
STREET ADDRESS	<i>Coral Gables, FL 33134</i>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]*      DATE: *2/4/04*      DAYTIME PHONE: *(305) 461-4888*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER, OR AUTHORIZED REPRESENTATIVE