


FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90258 012 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L02000018062

1. Entity Name
ACANTHUS DEVELOPERS LLC



Principal Place of Business Mailing Address
C/O SOFIA POWELL-COSIO PANTHOUSE 922 1900 S.W. 3RD AVE. MIAMI FL 33129 **C/O SOFIA POWELL-COSIO PANTHOUSE 922 1900 S.W. 3RD AVE. MIAMI FL 33129**

24034160



MOORE CR2E083 (11/03)

2. Principal Place of Business 3. Mailing Address
50 W Mashta Drive Suite # 2 Key Biscayne FL 33149 **50 W Mashta Drive Suite # 2 Key Biscayne FL 33149**

4. FEI Number **30-0109783** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
POWELL-COSIO, SOFIA 1900 SW 3RD AVE MIAMI FL 33129

7. Name and Address of New Registered Agent
 Name **Ernesto H. Weisson**
 Street Address (P.O. Box Number is Not Acceptable) **50 W Mashta Drive Suite # 2**
 City **Key Biscayne FL** Zip Code **33149**

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.

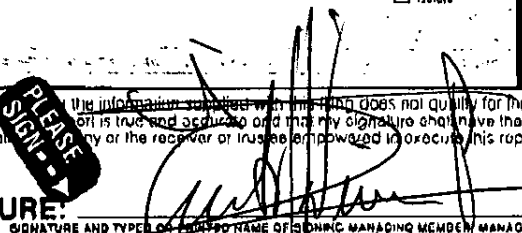
SIGNATURE 

FILE NOW!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

8. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR WEISSON HOLDING, LLC 1111 BRICKELL AVE, 11TH FLOOR MIAMI FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR WEISSON HOLDING LLC 50 W Mashta Drive Suite # 2 Key Biscayne, FL 33149 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information submitted with this report does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated 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 60B, Florida Statutes.

SIGNATURE:  DATE: **3.24.04** DAYTIME PHONE: **(305) 365-7676**