


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jun 30, 2004 8:00 am**  
**Secretary of State**

06-30-2004 90025 014 \*\*\*\*50.00

**DOCUMENT # L02000018892**

1. Entity Name  
**RED AVONLEA DEVELOPMENT, L.L.C.**



Principal Place of Business  
**3440 HOLLYWOOD BLVD., STE 360  
 HOLLYWOOD, FL 33021**

Mailing Address  
**3440 HOLLYWOOD BLVD., STE 360  
 HOLLYWOOD, FL 33021**

**14024511**



2. Principal Place of Business  
**18851 NE 29 AVE.**  
 Suite, Apt. #, etc. **900**

3. Mailing Address  
**18851 NE 29 AVE.**  
 Suite, Apt. #, etc. **900**

06252004 Chg-LLC CR2E083 (10/03)

City & State  
**AVENTURA, FL**

City & State  
**AVENTURA, FL**

Zip **33180** Country **USA** Zip **33180** Country **USA**

4. FEI Number  
**73-1653954**

Applied For  
 Not Applicable

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

6.-Name and Address of Current Registered Agent

**ROTH, LEONARDO A ESQ.  
 ROTH, RUSSO & DARRACH, P.A.  
 3440 HOLLYWOOD BLVD., STE 360  
 HOLLYWOOD, FL 33021**

7.-Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$50.00  
 Due by September 8, 2004**

**Make check payable to  
 Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>FINKELBERG, ROBERTO D<br>3440 HOLLYWOOD BLVD., STE 360<br>HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>FINKELBERT, EDUARDO D<br>3440 HOLLYWOOD BLVD., STE 360<br>HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>KASTNER, TADEO D<br>3440 HOLLYWOOD BLVD., STE 360<br>HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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]* **MGRM** **06/25/04** **786-279-0021**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #