

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000020746 1. Entity Name FOUR SISTERS, LLC	
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Principal Place of Business 703 CRANDON BLVD. #204 KEY BISCAYNE, FL 33149	Mailing Address 328 CRANDON BLVD. #226 KEY BISCAYNE, FL 33149 US
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DO NOT WRITE IN THIS SPACE



04152004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 14-1845858	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CALVO, LIZABETH F 328 CRANDON BLVD., STE. 226 KEY BISCAYNE, FL 33149
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**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

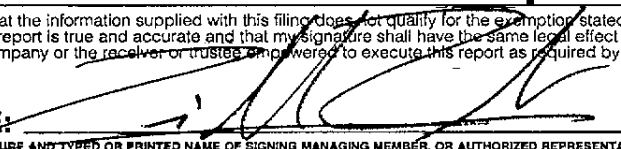
**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MINETTI, ESTELA SUSANA 328 CRANDON BLVD #226 KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MINETTI, GUADALOUPE Q 328 CRANDON BLVD. #226 KEY BISCAYNE, FL 33149
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04/19/04-80012-024 150.00

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:  **4/15/04** (805) 365-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #