2004 LIMITED LIABILITY COMPANY

FILED Apr 29, 2004 8:00 am Secretary of State

ANNUAL REPORT		Secretary of	
OCUMENT # L02000021542		04-29-2004 90062 018 *	

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1. Entity Nan	MENT # L02000021			04-29-2004 90062 018 ****50.0
Principal Plac	as of Business	A 4 - 10 A - A - A		─
- 6910 TULIP	AN COURT- ES-FL 33143	Mailing Address <u>6910 TULIPAN COURT</u> CORAL GABLES, FL 3314	3_N/A	
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60	Place of Business Edgewater Dr	3. Mailing Amress 60 Edgewo	der Dr	
Suite, Apt.	2 D	Suite, Apt, #, etc		03312004 Chg-LLC CR2E083 (10/03)
City & Stat		City & State Gabl	es, FL	4. FEI Number Applied For 65-0663417 Not Applicat
zip 33	Country	^{Zip} ろうほろ	Country	5. Certificate of Status Desired S5.00 Additional Fee Required
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent
		Superior Land	. Name	
	NTER REGISTERED AGENTS, SCAYNE BLVD.	LLC	Street Addres	ss (P.O. Box Number is Not Acceptable)
#1700 MIAMI, FL				
	,		City	FL Zip Code
8. The above	e named entity submits this statement for	the purpose of changing its rec	nistered office or region	stered agent, or both, in the State of Florida. I am familiar with, and accept
the obligation	tions of registered agent.	ORHBZ- MI	2D/NA	Viae he 04/16/2009
SIGNATURE	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE: Re	egistered Agent signature req	uixed when reinstating) DATE
F	iling Fee is \$50.00 ue by May 1, 2004	v.	25 	Make check payable to Florida Department of State
9.	MANAGING MEMBER		10.71. 1.22	ADDITIONS/CHANGES
TITLE	Ρ .	☐ Delete	TITLE P	Change ☐ Addition
NAME	SANCHEZ-BIRRIEL, GISELA		NAME Sa	nchez-Birriel Ossela
STREET ADDRESS	6910 TULIPAN COURT			Edgewater Dr. Suite 16D
CITY-ST-ZIP	GORAL CABLES, FL 33143			grat Gables, FL 33133
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby indicated	certify that the information supplied with a on this report is true and accurate and tability company or the receiver or trustee	☐ Delete ☐ Delete this filling does not qualify for the hat my signature shall have the	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP s exemption stated in same legal effect as	Change Addition Change Addition Change Addition Section 119.07(3)(i), Florida Statutes. I further certify that the information if made under oath; that I am a managing member or manager of the