

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90066 024 \*\*\*\*50.00

**DOCUMENT # L02000022666**



1. Entity Name  
**SES REAL ESTATE, L.L.C.**

Principal Place of Business  
 13750 SW 34TH ST  
 MIAMI, FL 33175

Mailing Address  
 C/O IVAN A. GOMEZ, P.A.  
 601 BRICKELL KEY DRIVE, SUITE 07  
 MIAMI, FL 33131

**24057177**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04252004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
 16-1631373

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**IAG CORPORATE SERVICES, INC.**  
 601 BRICKELL KEY DRIVE  
 SUITE 507  
 MIAMI, FL 33131

7. Name and Address of New Registered Agent  
 Name SANTIAGO SANCHEZ  
 Street Address (P.O. Box Number is Not Acceptable) 13750 S.W. 34th ST  
 City Miami FL Zip Code 33175

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 X Santiago Sanchez DATE 4/26/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

9. - MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	SANCHEZ, SANTIAGO	
STREET ADDRESS	13750 SW 34TH ST	
CITY - ST - ZIP	MIAMI, FL 33175	
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 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		
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: X Santiago Sanchez DATE 4/26/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE