2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 18, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000022973

1. Entity Name
IDARA, LLC

Principal Place of Business	Mailing Address
345 WEST 74TH PLACE MIAMI, FL 33014	345 WEST 74TH PLACE MIAMI, FL 33014

DO NOT WRITE IN THIS SPACE

07162004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
51-0429792

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CANTOR, JERALD C ESQUIRE
4000 HOLLYWOOD BLVD., STE 265 S
HOLLYWOOD, FL 33021

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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 reinstating)

Filing Fee is $50.00
Due by September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ZAMBITO, STEVEN
STREET ADDRESS	345 W 74TH PL
CITY-ST-ZIP	MIAMI, FL 33014
TITLE	MGR
NAME	GREENSTEIN, STUART
STREET ADDRESS	345 W 74TH PL
CITY-ST-ZIP	MIAMI, FL 33014
TITLE	MGR
NAME	MENDOZA, BRUNO
STREET ADDRESS	345 W 74TH PL
CITY-ST-ZIP	MIAMI, FL 33014
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/18/04-80002-017 50.00

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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: _____ 8-10-04 305 8203 3
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #