


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90150 030 ****50.00

DOCUMENT # L02000023622

1. Entity Name
LA ESTANCIA CORAL GABLES, 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~~

2. Principal Place of Business
18851 NE 29th Ave

Suite, Apt. #, etc.
900

City & State
AVENTURA, FL

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

3. Mailing Address
18851 NE 29th Ave

Suite, Apt. #, etc.
900

City & State
AVENTURA, FL

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



01082004 Chg-LLC CR2E083 (10/03)

4. FEI Number
81-0571151

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.
C/O ROTH, ROUSSO & DARTACH, P.A.
~~3440 HOLLYWOOD BLVD., STE. 360~~
~~HOLLYWOOD, FL 33021~~

7. Name and Address of New Registered Agent

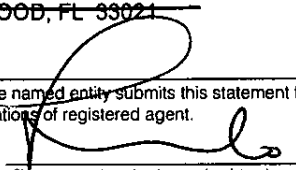
Name **ROTH, Leonardo A. Esq.**

Street Address (P.O. Box Number is Not Acceptable)
18851 NE 29 Avenue.

Suite 900

City **AVENTURA** FL Zip Code **33180**

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  **Leonardo A. Roth** DATE **02/23/04**

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

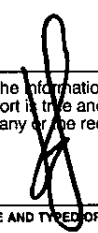
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOJUSNER, CLAUDIO 3440 HOLLYWOOD BLVD., STE. 360 HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HORIGIAN, FERNANDO 3440 HOLLYWOOD BLVD., STE. 360 HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOJUSNER, GASTON 3440 HOLLYWOOD BLVD., STE. 360 HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	> same 18851 NE 29th Ave Suite 900 AVENTURA, FL 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	> same 18851 NE 29th Ave Suite 900 AVENTURA, FL 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	> same 18851 NE 29th Ave Suite 900 AVENTURA, FL 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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:  **Fernando Horigian, MGRM** DATE **02/23/04** DAYTIME PHONE # **786 279 0000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE