## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L02000023898** 

1. Entity Name

**CONVERSION PROPERTIES I, LLC** 



SECRETARY OF STATE
DIVISION OF CORPORATION

04 SEP 24 PM 2: 00

Principal Place of Business

8853 S.W. 59TH STREET MIAMI, FL 33165 Mailing Address

8853 S.W. 59TH STREET MIAMI, FL 33165





4. FEI Number
16-1629680

5. Certificate of Status Desired

Applied For
Not Applicable

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MIAMI CORPORATE SYSTEMS, INC. 283 CATALONIA AVE. SECOND FLOOR CORAL GABLES, FL 33134

## DO NOT WRITE IN THIS SPACE

<ol><li>The above named entity submits this statement for the purpose of chathe obligations of registered agent.</li></ol>	anging its registered office or registered agent, or both, in	the State of Florida. I am familiar with, and ac	
SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE	
Filing Fee is \$50.00 Due by September 8, 2004			

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALONSO, LUIS 283 CATALONIA AVE. SECOND FLOOR CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-S1-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

900038828369 19/28/04-W048--002 \*\*3.00

DO NOT WRITE IN THIS SPACE

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 report is true end 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 report is true end accurate.

SIGNATURE:

Date

305-667-8584 Daytime Phone #