


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 14, 2004 8:00 am**  
**Secretary of State**

01-14-2004 90041 001 \*\*\*200.00

<b>DOCUMENT # L02000024535</b> 1. Entity Name <b>SANCHEZ AT OVERLOOK, LLC</b>					
Principal Place of Business 6333 SUNSET DRIVE SOUTH MIAMI, FL 33143			Mailing Address 6333 SUNSET DRIVE SOUTH MIAMI, FL 33143		
2. Principal Place of Business <b>801 NW 47 AVE</b> Suite, Apt. #, etc. <b>OFFICE</b> City & State <b>MIAMI FL</b> Zip <b>33125</b>		3. Mailing Address Suite, Apt. #, etc. City & State Zip			
Country <b>USA</b>		Country		4. FEI Number <b>65-1035563</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>SALAS, RAUL ESQ</b> <b>SALAS, EDE, PETERSON &amp; LAGE, L.L.C.</b> <b>6333 SUNSET DRIVE</b> <b>SOUTH MIAMI, FL 33143</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2004</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANCHEZ, ALVARO 6333 SUNSET DRIVE SOUTH MIAMI, FL 33143	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANCHEZ, BLANCA 4890 SW 85ST MIAMI, FL 33143	<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				
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				
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 606, Florida Statutes.					
<b>SIGNATURE: <i>Alvaro Sanchez</i> (Alvaro Sanchez) Manager 1/8/04 305-219-9959</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

**34000012**



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