


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

01-14-2004 90041 001 ***200.00

DOCUMENT # L02000024539 1. Entity Name BACA AT OVERLOOK, LLC					
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 801 NW 47 Ave		3. Mailing Address			
Suite, Apt. #, etc. OFFICE		Suite, Apt. #, etc.			
City & State MIAMI FL		City & State			
Zip 33125		Country USA		Zip	
Country		Country			
6. Name and Address of Current Registered Agent SALAS, RAUL ESQ SALAS, EDE, PETERSON & LAGE, L.L.C. 6333 SUNSET DRIVE SOUTH MIAMI, FL 33143			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANCHEZ, ALVARO 6333 SUNSET DRIVE SOUTH MIAMI, FL 33143		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANCHEZ, BLANCA 4890 SW 85 ST MIAMI, FL 33143		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"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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: <i>Alvaro Sanchez</i> (Alvaro Sanchez)			Date: 01-08-04 Daytime Phone #: 305-219-9959		

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01072004 Chg-LLC CR2E083 (10/03)

4. FEI Number **65-0805448** Applied For ☐ Not Applicable ☐

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