

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024649

FILED
Apr 01, 2004
Secretary of State

Entity Name: LTM IMPORTS, LLC

Current Principal Place of Business:

15360 SW 302 STREET
HOMESTEAD, FL 33033

New Principal Place of Business:

Current Mailing Address:

15360 SW 302 STREET
HOMESTEAD, FL 33033

New Mailing Address:

FEI Number: 30-0116967

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEL ROSARIO, LUIS F
15360 SW 302 ST
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: DEL ROSARIO, LUIS F
Address: 15360 SW 302 ST
City-St-Zip: HOMESTEAD, FL 33033 US

Title: MGR () Delete
Name: DEL ROSARIO, MARIA C
Address: 15360 SW 302 ST
City-St-Zip: HOMESTEAD, FL 33033 US

Title: MGR () Delete
Name: DEL ROSARIO, TAHAMARA
Address: 15360 SW 302 ST
City-St-Zip: HOMESTEAD, FL 33033 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LUIS F. DEL ROSARIO

MR.

04/01/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date