

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2004 JUN 18 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | | | |
|--|---|---|--|---|--|
| DOCUMENT # L02000024977 1. Entity Name ADRIAN-PMBC HOMES AT DORAL, L.L.C. | | | |  | |
| Principal Place of Business 2450 S.W. 137TH AVENUE, SUITE 224 MIAMI, FL 33175 | | | Mailing Address 2450 S.W. 137TH AVENUE, SUITE 224 MIAMI, FL 33175 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 22-3873322 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent A&P REGISTERED AGENT, INC. 2450 S.W. 137TH AVENUE, SUITE 224 MIAMI, FL 33175 | | | 7. Name and Address of New Registered Agent Name A & A Registered Agent, Inc. Street Address (P.O. Box Number is Not Acceptable) City FL 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  Gretel Rodriguez President 4/7/04 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</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 | MGRM <input type="checkbox"/> Delete ADRIAN DEVELOPMENT GROUP AT DORAL, INC. 2450 S.W. 137TH AVENUE, SUITE 228 MIAMI, FL 33175 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |
| Date | | | | Daytime Phone # | |



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