


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L02000026198</b> 1. Entity Name HYACINTH PROPERTIES LLC	
---	---

Principal Place of Business 2665 S. BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133	Mailing Address 2665 S. BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133
---	---

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------

FILED  
04 MAY -7 AM 10:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04052004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1180199	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  WORLD CORPORATE SERVICES, INC. 2665 S. BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133
---

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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>
<b>000035750080</b> <b>05/07/04--01043--003 **750.00</b> <small>DATE</small>

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DE ELIAS, SUSANA B 2665 S. BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ELIAS, MARCELO L 2665 S. BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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.
<b>Susana Ballon de Elias</b> <b>SIGNATURE:</b> <i>Susana Ballon de Elias</i>
<b>4/5/04 (305) 858-9900</b> <small>DATE DAYTIME PHONE #</small>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>