

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026507

FILED
Apr 24, 2004
Secretary of State

Entity Name: JARDIN W.P., L.L.C.

Current Principal Place of Business:

799 BRICKELL PLAZA, SUITE 603
MIAMI, FL 33131

New Principal Place of Business:

12359 SW 132 CT
MIAMI, FL 33186

Current Mailing Address:

799 BRICKELL PLAZA, SUITE 603
MIAMI, FL 33131

New Mailing Address:

12359 SW 132 CT
MIAMI, FL 33186

FEI Number: 82-0569362

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PORRAS, GINA CONSUELO
799 BRICKELL PLAZA, SUITE 603
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

PORRAS, GINA CONSUELO
12359 SW 132 CT
MIAMI, FL 33186 US

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:

04/24/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: PORRAS, CINA CONSUELO
Address: 799 BRICKELL PLAZA, SUITE 603
City-St-Zip: MIAMI, FL 33131

Title: MGR () Delete
Name: PORRAS, FREDDY MIQUEL
Address: CRA 109 NO. 72-32
City-St-Zip: BOGOTA D,C, COLOMBIA,

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PORRAS, CINA CONSUELO
Address: 12359 SW 132 CT
City-St-Zip: MIAMI, FL 33186

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: GINA CONSUELO PORRAS

MGR

04/24/2004

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