


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000027284

1. Entity Name
CULBEK AVENTURA, LLC



Principal Place of Business 20281 E. COUNTRY CLUB DRIVE APT 2304 AVENTURA, FL 33180 US	Mailing Address 20281 E. COUNTRY CLUB DRIVE APT 2304 AVENTURA, FL 33180 US
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04162004No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

KORN, GARY
 20801 BISCAYNE BOULEVARD
 SUITE 501
 AVENTURA, FL 33180

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U000000119273
 04/19/04-80094-018 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CULA, LEON 20281 E. COUNTRY CLUB DRIVE AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CULA, JOSEPH 20281 E. COUNTRY CLUB DRIVE AVENTURA, FL 33180
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Gary Cula **GARY CULA** 04-16-04 (305) 374 2787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #