## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 23, 2004 8:00 am Secretary of State **DOCUMENT # L02000030274** 04-23-2004 90015 005 \*\*\*\*50.00 THE DREAM GARAGE LLC Principal Place of Business Mailing Address 9540 S.W. 137TH AVE. 9540 S.W. 137TH AVE. ~ \* ^ ^ \ U U U U MIAMI, FL 33186 MIAMI, FL 33186 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 04152004 CR2E083 (10/03) Cha-LLC Applied For City & State City & State 4. FEI Number 05-0540120 Not Applicable Country \$5.00 Additional Zio Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GAMBOA, CESAR RICARDO Street Address (P.O. Box Number is Not Acceptable) 9540 S.W. 137TH AVE. MIAMI, FL 33186 Zip Code City FL 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 Sgnature, typed or priviled 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 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. Change ☐ Addition MGR TITL & MGR ☐ Delete TITLE GAMBOA, CESAR R 13950 SW 154 PL NAME GAMBOA, CESAR R NAME STREET ADDRESS STREET ADDRESS 9001 SW 142ND AVE #13-16 MIAMI, FL 33186 Caty-St-ZIP MIANT FL 37196 CITY-ST-ZIP Change ☐ Addition De!ete TITLE DUENAS, MARTHA **DUENAS, MARTHA** NAME 17950 SW 154 A STREET ADORESS STREET ADDRESS 9001 SW 142ND AVE #13-16 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33186 MEANE FL 33146 Change MGR ☐ Addition MGR Delete TITLE RILE VEIIA, EDVANDO NAME VILLA EDUARDO NAME 13950 SW 154 PL STREET ADDRESS 9001 SW 142ND AVE #13-16 STREET ADDRESS CITY-ST-78P MEANI PL 33196 CITY-ST-ZIP MIAMI, FL 33186 Delete M6r Change Addition TITLE TITLE MGR AMAYA, HUMBERTO AMAYA, HUMBERTO NAME NAME STREET ADDRESS 13955 SW 164 PL STREET ADDRESS 9001 SW 142ND AVE #13-16 CITY-ST-ZIP MEANE FL 33196 CITY-ST-ZIP MIAMI, FL 33186 Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP De!ete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COY-ST-7IP 11. I hereby certify that the information supplied with this filling 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 empty ered to execute this report as required by Chapter 608. Florida Statutes. 305-752-467S SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED