


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90083 010 \*\*\*150.00

<b>DOCUMENT # L02000030505</b>					
1. Entity Name INSTITUTO SEVILLANO DE ESTUDIOS Y PRACTICAS, LLC					
Principal Place of Business C/O ALLEN & GALEGO 601 BRICKELL KEY DRIVE, SUITE 805 MIAMI, FL 33131			Mailing Address C/O ALLEN & GALEGO 601 BRICKELL KEY DRIVE, SUITE 805 MIAMI, FL 33131		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. <b>1441 BRICKELL AVE SUITE 1014</b>		Suite, Apt. #, etc. <b>1441 BRICKELL AVE SUITE 1014</b>			
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>		4. FEI Number <b>59-3768152</b>	
Zip <b>33131</b>		Country <b>U.S.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
57302004		Chg-LLC		CR2E083 (10/03)	
6. Name and Address of Current Registered Agent <b>ALLEN &amp; GALEGO 601 BRICKELL KEY DRIVE, SUITE 805 MIAMI, FL 33131</b>			7. Name and Address of New Registered Agent		
			Name <b>ROBERT ALLEN LAW</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>1441 BRICKELL AVE SUITE 1014</b>		
			City <b>MIAMI</b>		
			Zip Code <b>FL 33131</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		<i>By: Robert N. Allen Jr, President</i>		DATE <i>4/29/04</i>	
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	MGR HARPER, CHILTON E 601 BRICKELL KEY DRIVE, #805 MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARPER, CHILTON E. 1441 BRICKELL AVE SUITE 1014 MIAMI, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:		<i>Robert N. Allen, Jr.</i>		DATE <i>4/29/04</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone # <i>305-372-3300</i>	