

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000030971

FILED  
Jan 08, 2004  
Secretary of State

Entity Name: HOSPITALET INVESTMENTS LLC

**Current Principal Place of Business:**

7135 COLLINS AVENUE, APT 905  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

4779 COLLINS AVENUE, APT 3803  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

7135 COLLINS AVENUE, APT 905  
MIAMI BEACH, FL 33140

**New Mailing Address:**

4779 COLLINS AVENUE, APT 3803  
MIAMI BEACH, FL 33140

FEI Number: 04-3726840

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARTINEZ-CID, RICARDO  
1699 CORAL WAY, SUITE 510  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

REYNALDOS, JUAN A  
4779 COLLINS AVENUE, APT 3803  
MIAMI BEACH, FL 33140 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: JUAN A REYNALDOS

01/08/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: REYNALDOS, JUAN ASENSI  
Address: 7135 COLLINS AVENUE, APT 905  
City-St-Zip: MIAMI BEACH, FL 33140

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: REYNALDOS, JUAN ASENSI  
Address: 4779 COLLINS AVENUE, APT 3803  
City-St-Zip: MIAMI BEACH, FL 33140

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: JUAN ASENSI REYNALDOS

MGR

01/08/2004

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