


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90213 017 \*\*\*\*50.00

**DOCUMENT # L02000031972**

1. Entity Name  
**SOUTH FLORIDA ASSOCIATES, LLC**



Principal Place of Business      Mailing Address  
**25 S.E. 2ND AVENUE STE. 712**      **25 S.E. 2ND AVENUE STE. 712**  
**MIAMI FL 33131**      **MIAMI FL 33131**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E083 (11/03)

4. FEI Number **02-0657136**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>GUIMARAES, GABIELA</b> <b>25 SE 2N AVENUE STE 712</b> <b>MIAMI FL 33131</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<b>GUIMARAES GABRIELA</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUIMARAES, BABRIELA</b>		NAME	<b>25 SE 2<sup>ND</sup> AVE, SUITE 712</b>	
STREET ADDRESS	<b>25 SE 2N AVE</b>		STREET ADDRESS	<b>MIAMI, FL, 33131</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<b>S MACHADO GILSON</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MACHADO, GILSON</b>		NAME	<b>25 SE 2<sup>ND</sup> AVE # 712</b>	
STREET ADDRESS	<b>25 SE 2ND AVE</b>		STREET ADDRESS	<b>MIAMI, FL 33131</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<b>S LINS NETO, JOSET.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LINSNETO, JOSE T</b>		NAME	<b>25 SE 2<sup>ND</sup> AVE # 712</b>	
STREET ADDRESS	<b>25 SE 2ND AVE</b>		STREET ADDRESS	<b>MIAMI, FL, 33131</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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:** *Gabriela M. Guimaraes*      **04/6/04** (305) 5779461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #