
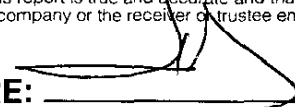


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90014 020 ****50.00

DOCUMENT # L02000032268 1. Entity Name 31500 SW 162 AVE., LLC			
Principal Place of Business 3850 SW 87 AVE., STE 302 MIAMI FL 33165		Mailing Address 3850 SW 87 AVE., STE 302 MIAMI FL 33165	
2. Principal Place of Business 3850 S.W. 87 AVE Suite, Apt. #, etc. Suite 306-A City & State MIAMI, FL Zip 33165		3. Mailing Address 3850 S.W. 87 AVE Suite, Apt. #, etc. Suite 306-A City & State MIAMI, FL Zip 33165	
6. Name and Address of Current Registered Agent FERNANDEZ, JOSE M 3850 SW 87 AVE., STE 302 MIAMI FL 33165		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
4. FEI Number 56-2306023 <div style="float: right; text-align: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>			
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTELLON, HECTOR	NAME	
STREET ADDRESS	3850 SW 87 AVE., STE 302	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33165	CITY-ST-ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTELLON, MARIA E	NAME	
STREET ADDRESS	3850 SW 87 AVE., STE 302	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33165	CITY-ST-ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, JOSE M	NAME	
STREET ADDRESS	3850 SW 87 AVE., STE 302	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33165	CITY-ST-ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, ANA M	NAME	
STREET ADDRESS	3850 SW 87 AVE., STE 302	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33165	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: 		SIGNATURE: Jose M. Fernandez	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small> 05/05/04 <small>Daytime Phone #</small> 305-227-7366	