

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

50.00

FILED

04 MAY 21 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03142003 Chg-LLC CR2E083 (10/03)

DOCUMENT # L02000033132			
1. Entity Name KAESTO, LLC			
Principal Place of Business 888 BRICKELL KEY DRIVE 907 MIAMI, FL 33131		Mailing Address 888 BRICKELL KEY DRIVE 907 MIAMI, FL 33131	
2. Principal Place of Business 801 Brickell Key Blvd Suite, Apt. #, etc. 1104		3. Mailing Address 801 Brickell Key Blvd Suite, Apt. #, etc. 1104	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33131	Country	Zip 33131	Country
4. FEI Number 55-0810143		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CABAL, MODESTO 888 BRICKELL KEY DRIVE MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Cabal, Modesto Street Address (P.O. Box Number is Not Acceptable) 801 Brickell Key Blvd # 1104 City Miami FL Zip Code 33131	
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 		DATE	
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CABAL, MODESTO 888 BRICKELL KEY DR., UNIT 907 MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 801 Brickell Key Blvd # 1104 Miami, FL 33131
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 800037346158 05/26/04--01056--004 **150.00
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
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)(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: 		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	