2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2004 8:00 am
Secretary of State
04-15-2004 90114 040 ****50.00

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01272004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L02000033345

1. Entity Name
LEAL COMMERCIAL, L.L.C.

Principal Place of Business
~~3440 HOLLYWOOD BLVD., SUITE 360~~
~~HOLLYWOOD, FL 33021~~

Mailing Address
~~3440 HOLLYWOOD BLVD., SUITE 360~~
~~HOLLYWOOD, FL 33021~~

2. Principal Place of Business	3. Mailing Address
18851 NE 29th AV	18851 NE 29th AV
Suite, Apt. #, etc. 900	Suite, Apt. #, etc. 900
City & State AVENTURA, FL	City & State AVENTURA, FL
Zip 33180 Country USA	Zip 33180 Country USA

4. FEI Number 20-0460517 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROTH, LEONARDO A ESQ.
C/O ROTH, ROUSSO & DARRACH, P.A.
~~3440 HOLLYWOOD BLVD., SUITE 360~~
~~HOLLYWOOD, FL 33021~~

7. Name and Address of New Registered Agent

Name LEONARDO A. ROTH
Street Address (P.O. Box Number is Not Acceptable)
18851 NE 29th AU, STE 900
City AVENTURA FL Zip Code 33180

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 [signature] LEONARDO A. ROTH, ESQ 4/6/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	MGRM	☐ Delete	TITLE	MGMR	☐ Change ☐ Addition
NAME	WAINRIB, ALEJANDRO		NAME	ALEJANDRO WAINRIB	
STREET ADDRESS	~~3440 HOLLYWOOD BLVD., SUITE 360~~		STREET ADDRESS	18851 NE 29th AV, STE 900	
CITY-ST-ZIP	~~HOLLYWOOD, FL 33021~~		CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	MGRM	☐ Delete	TITLE	MGMR	☐ Change ☐ Addition
NAME	AZAR, VALERIA PAOLA		NAME	AZAR, VALERIA PAOLA	
STREET ADDRESS	~~3440 HOLLYWOOD BLVD., SUITE 360~~		STREET ADDRESS	18851 NE 29th AV, STE 900	
CITY-ST-ZIP	~~HOLLYWOOD, FL 33021~~		CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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] ALEJANDRO WAINRIB, MGMR 4/6/04 7862790000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #