

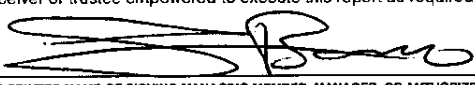


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90078 015 ****55.00

DOCUMENT # L02000033774 1. Entity Name X 10 VITA, LLC					
Principal Place of Business 401 ALLENDALE ROAD KEY BISCAVNE, FL 33149			Mailing Address 401 ALLENDALE ROAD KEY BISCAVNE, FL 33149		
2. Principal Place of Business 2501 NW 74 AVENUE		3. Mailing Address 2121 PONCE DE LEON BLVD			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. SUITE 240			
City & State MIAMI, FLORIDA		City & State CORAL GABLES, FLORIDA			
Zip 33122	Country 	Zip 33134	Country 	4. FEI Number 45-0516692	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TAFUR, ANGELA M 401 ALLENDALE ROAD KEY BISCAVNE, FL 33149			7. Name and Address of New Registered Agent Name PRATS, GABRIEL Street Address (P.O. Box Number is Not Acceptable) 2121 PONCE DE LEON BLVD. SUITE 240 City CORAL GABLES FL Zip Code 33134		
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.</small>			DATE 1-21-04 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
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 NAME STREET ADDRESS CITY-ST-ZIP	MGR TAFUR, ANGELA M 401 ALLENDALE ROAD KEY BISCAVNE, FL 33149 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TAFUR, ANGELA M. 2601 NW 74 AVENUE MIAMI, FL 33122 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARCO, FELIPE 401 ALLENDALE ROAD KEY BISCAVNE, FL 33149 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARCO, FELIPE 2501 NW 74 AVENUE MIAMI, FL 33122 <input checked="" 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 1/25/04 Daytime Phone # (305) 594 9090		

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