

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000034338

1. Entity Name
EL SOLAR LLC



Principal Place of Business
**20500 SW 15 AVE
 MIAMI, FL 33187**

Mailing Address
**7900 ALTAMIRA AVENUE
 CORAL GABLES, FL 33143**



01072004No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0660553

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BORENSTEIN, AARON
 7900 ALTAMIRA AVENUE
 CORAL GABLES, FL 33143**

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BORENSTEIN, AARON 7900 ALTAMIRA AVE MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BORENSTEIN, MARION 7900 ALTAMIRA AVE MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000002218
 01/13/04-80005-003 50.00

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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: *Aaron Borenstein* **1/9/04** **305-663-0337**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #