

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

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

04-21-2004 90457 024 *****50.00

DOCUMENT # L03000000229

1. Entity Name

ACCESS PROPERTY MANAGEMENT REALTY, LLC



Principal Place of Business

**1234 WASHINGTON AVENUE
SUITE 201
MIAMI BEACH FL 33139**

Mailing Address

**1234 WASHINGTON AVENUE
SUITE 201
MIAMI BEACH FL 33139**

34005603



MOORE CR2E083 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

71-0931484

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name

Street Address (P. O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE: **MGRM** ☐ Delete
NAME: **ZALAUQUETT, WILLIAM**
STREET ADDRESS: **710 WASHINGTON AVENUE, #405**
CITY-ST-ZIP: **MIAMI BEACH FL 33139**

TITLE: **MGRM** ☐ Delete
NAME: **JOSE LUIS SPERMAN**
STREET ADDRESS: **11 ISLAND AVENUE, #1505**
CITY-ST-ZIP: **MIAMI BEACH FL 33139**

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
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TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

10. ADDITIONS/CHANGES

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
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STREET ADDRESS:
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-16-4 (305) 521 7206