

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90029 047 \*\*\*\*50.00

DOCUMENT # L03000000827

1. Entity Name  
660 PROPERTY LLC



Principal Place of Business  
8550 NW 33RD ST., STE. 200  
MIAMI, FL 33122

Mailing Address  
8550 NW 33RD ST., STE. 200  
MIAMI, FL 33122



2. Principal Place of Business  
5835 BLUE LAGOON DR.

3. Mailing Address  
5835 BLUE LAGOON DR.

Suite, Apt. #, etc.  
SUITE 200

Suite, Apt. #, etc.  
SUITE 200

City & State  
MIAMI, FL

City & State  
MIAMI, FL

Zip  
33126

Country  
US

Zip  
33126

Country  
US

04262004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
82-058 1584

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

DUARTE-VIERA, ANIBAL J ESQ  
8550 NW 33RD ST., STE. 200  
MIAMI, FL 33122

## 7. Name and Address of New Registered Agent

Name  
DUARTE-VIERA, ANIBAL J, ESQ.  
Street Address (P.O. Box Number is Not Acceptable)  
5835 BLUE LAGOON DRIVE  
SUITE 200  
City  
MIAMI FL Zip Code  
33126

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 ANIBAL J. DUARTE-VIERA, ESQ.

4-26-04  
DATE

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

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
DUARTE-VIERA, ANIBAL J  
8550 NW 33RD ST., STE. 200  
MIAMI, FL 33122 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
  
  
  
  
☐ Delete

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## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
DUARTE-VIERA, ANIBAL J. ☒ Change ☐ Addition  
5835 BLUE LAGOON DRIVE, SUITE 200  
MIAMI, FL 33126

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

TITLE  
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CITY-ST-ZIP  
  
  
  
  
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CITY-ST-ZIP  
  
  
  
  
☐ Change ☐ 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: ANIBAL J. DUARTE-VIERA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-26-04 305-461-5995  
Date Daytime Phone #