

**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

3. Mailing Address

5835 BLUE LAGOON DR.

5835 BLUE LAGOON DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 200

SUITE 200

City & State

MIAMI, FL

City & State

MIAMI, FL

04262004 Chg-LLC CR2E083 (10/03)

4. FEI Number

82-0581584

Applied For

Not Applicable

Zip

33126

Country

US

Zip

33126

Country

US

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

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

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 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:

*ANIBAL J. DUARTE-VIERA*

4-26-04

305-461-5995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #