


**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90329 026 \*\*\*150.00

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

<b>DOCUMENT # L03000001905</b>					
1. Entity Name <b>MORUMBI, LLC</b>					
Principal Place of Business <b>4838 PINE TREE DRIVE MIAMI BEACH, FL 33140</b>			Mailing Address <b>4838 PINE TREE DRIVE MIAMI BEACH, FL 33140</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ISICOFF, ERIC D ISICOFF, RAGATZ &amp; KOENIGSBERG, P.A. 1101 BRICKELL AVENUE SUITE 800 - SOUTH MIAMI, FL 33131</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b>	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 _____ (NOTE: Registered Agent signature required when reinstating)					
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			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<b>PRESIDENT LUIS GAJER 5290 PINE TREE DR. MIAMI BEACH, FL 33140</b>					
Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>		
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 606, Florida Statutes.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
				Date _____ Daytime Phone # _____	

**34006395**



04072004 Chg-LLC CR2E083 (10/03)

4. FEI Number **90-0082010** Applied For Not Applicable

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