

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

05-04-2004 90020 044 \*\*\*\*50.00



**DOCUMENT # L03000003540**  
 1. Entity Name  
**8950 PROPERTY LLC**

Principal Place of Business 8550 NW 33RD STREET SUITE 200 MIAMI, FL 33122	Mailing Address 8550 NW 33RD STREET SUITE 200 MIAMI, FL 33122
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2. Principal Place of Business <i>5835 Blue Lagoon DR.</i>	3. Mailing Address <i>5835 Blue Lagoon DR.</i>
Suite, Apt. #, etc. <i>SUITE 200</i>	Suite, Apt. #, etc. <i>SUITE 200</i>

City & State <i>MIAMI, FL</i>	City & State <i>MIAMI, FL</i>
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Zip <i>33126</i>	Country <i>US</i>	Zip <i>33126</i>	Country <i>US</i>
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04262004 Chg-LLC CR2E083 (10/03)

4. FEI Number <i>11-3676098</i>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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**6. Name and Address of Current Registered Agent**  
 DUARTE-VIERA, ANIBAL J  
 8550 NW 33RD STREET  
 SUITE 200  
 MIAMI, FL 33122

**7. Name and Address of New Registered Agent**  
 Name *DUARTE-VIERA, ANIBAL J.*  
 Street Address (P.O. Box Number is not Acceptable)  
*5835 BLUE LAGOON DR., 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* (NOTE: Registered Agent signature required when reinstating) DATE *4-26-04*

**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 STREET MIAMI, FL 33122 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUARTE-VIERA, ANIBAL J. 5835 BLUE LAGOON DR., SUITE 200 MIAMI, FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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* DATE *4-26-04* DAYTIME PHONE # *305-461-5995*