

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

2. Principal Place of Business: 5835 Blue Lagoon DR., SUITE 200
 3. Mailing Address: 5835 Blue Lagoon DR., SUITE 200

City & State: MIAMI, FL

Zip: 33126 Country: US

04262004 Chg-LLC CR2E083 (10/03)

4. FEI Number: 11-3676098
 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
 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 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: MGR NAME: DURATE-VIERA, ANIBAL J STREET ADDRESS: 8550 NW 33RD STREET CITY-ST-ZIP: 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: MGR NAME: DUARTE-VIERA, ANIBAL J. STREET ADDRESS: 5835 BLUE LAGOON DR., SUITE 200 CITY-ST-ZIP: 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