


# 2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

<b>DOCUMENT # L03000003632</b>					
<b>1. Entity Name</b> CALLE OCHO, LLC					
<b>Principal Place of Business</b> 601 BRICKELL KEY DRIVE, SUITE 604 MIAMI, FL 33131			<b>Mailing Address</b> 601 BRICKELL KEY DRIVE, SUITE 604 MIAMI, FL 33131		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 71-0934003	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> <input type="checkbox"/>	
<b>6. Name and Address of Current Registered Agent</b> ALVARO CASTILLO B., P.A. 1390 BRICKELL AVE., SUITE 200 MIAMI, FL 33131				<b>7. Name and Address of New Registered Agent</b>	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
<b>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.</b>					
SIGNATURE <i>[Signature]</i>				DATE 12-10-04	
Amended AR is \$50.00				Make check payable to Florida Department of State	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGRM</b> SUNNY ENTERPRISES, LLC 601 BRICKELL KEY DRIVE, SUITE 604 MIAMI, FL 33131		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGR</b> Genaro Diaz 601 Brickell Key Drive, Suite 604 Miami, FL 33131	
Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>		
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Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>		
<b>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.</b>			<b>SIGNATURE:</b> <i>[Signature]</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 12-20-04 (305) 371-1540		

**FILED**  
 04 DEC 21 PM 1:01  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



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