2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 08, 2004 8:00 am
Secretary of State
06-08-2004 90179 005 ****50.00

DOCUMENT # L03000003879

1. Entity Name
ALTAGRACIA, LLC

Principal Place of Business	Mailing Address
7950 NW 20 ST. PEMBROKE PINES, FL 33024	7950 NW 20 ST. PEMBROKE PINES, FL 33024

03212003 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
174 RIVERWALK CIR		174 RIVERWALK CIR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: SUNRISE FL		City & State: SUNRISE FL	
Zip: 33326	Country: US	Zip: 33326	Country: US

4. FEI Number: 01-3460666 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ALVAREZ, SIDLE
1535 N. PARK DR., STE. 104
WESTON, FL 33326

7. Name and Address of New Registered Agent

Name: ~~ALVAREZ, SIDLE~~
Street Address (P.O. Box Number is Not Acceptable): 174 RIVERWALK CIR
City: SUNRISE FL Zip Code: 33326

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: x Sidle Alvarez 5/28/04
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 September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM PARADA, ZAIDA 7950 NW 20 ST. PEMBROKE PINES, FL 33024	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM ALVAREZ, SIDLE 174 RIVERWALK CIR SUNRISE FL 33326	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: x Sidle Alvarez 5/28/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #