

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Feb 03, 2004  
Secretary of State**

DOCUMENT# L03000004969

Entity Name: C.M. NUNEZ, LLC

**Current Principal Place of Business:**

1536 ALGARDI AVE  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

1536 ALGARDI AVE  
CORAL GABLES, FL 33146

**New Mailing Address:**

FEI Number: 30-0152203      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DUARTE-VIERA, ANIBAL J  
8550 NW 33RD STREET  
STE. 200  
MIAMI, FL 33122 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR      ( ) Delete  
Name: NUNEZ, CESAR  
Address: 1536 ALGARDI AVE  
City-St-Zip: CORAL GABLES, FL 33146

Title: MGR      ( ) Delete  
Name: NUNEZ, MADELEINE  
Address: 1536 ALGARDI AVE  
City-St-Zip: CORAL GABLES, FL 33146

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CNUNEZ

MGR

02/03/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date