


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2004 JUN 18 PM 1:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L03000005300	
1. Entity Name BAHIA HONDA REAL ESTATE INVESTMENTS I, L.L.C.	

Principal Place of Business % 2450 SW 137TH AVE., SUITE 221 MIAMI, FL 33175	Mailing Address % 2450 SW 137TH AVE., SUITE 221 MIAMI, FL 33175
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01192004 Chg-LLC CR2E083 (10/03)

4. FEI Number 41-2079482 Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent
<del>A&amp;P REGISTERED AGENT, INC.</del> 2450 SW 137TH AVE., SUITE 221 MIAMI, FL 33175

7. Name and Address of New Registered Agent
Name <u>A &amp; A Registered Agent, Inc.</u>
Street Address (P.O. Box Number is Not Acceptable)
City <u>FL</u> Zip Code

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 Gretel Rodriguez, President DATE 4/7/04

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete ADRIAN REAL ESTATE INVESTMENTS I, INC. 2450 SW 137TH AVE., SUITE 228 MIAMI, FL 33175	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>[Signature]</u>	Date	Daytime Phone #
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