2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: Fernando Haribian, MGRM
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Feb 26, 2004 8:00 am Secretary of State

| DOCUMENT # L0300005705 1. Entity Name LA ESTANCIA RETAIL STORES, L.L.C. | | | | | 02-26-2004 90 | 203 001 ****5 | 0.00 |
|---|---|---|---|-------------------------------------|-------------------------------------|--|---------------------------|
| Principal Place of Business Mailing Address | | | | | | - • | |
| 3440 HOLLYWOOD BLVD.; STE 360 HOLLYWOOD, FL- 33021 | | 3 440 H0LLYWOOD BEVD., STE 3 60 H 0LLYWOOD, FE-33021 | | | | | |
| HOLETHOOD | ,12 33021 | 11022/11005/12 00021 | | 1 (8 8)(8) 01 | I ROIDE IIIII BOIII DOIL DOIII DOII | I er ibi billi ibbri beibi bili | |
| Principal Place of Business | | 3. Mailing Address | | | | | |
| 18851 NE 29th ax Suite, Apt. #, etc. | | 18851 UE 29 HAR Suite, Apt. #, etc. | | | | | |
| 900 | | 900 | | 01262004 | | CR2E083 (10/03) | |
| City & State WWTUPA FL | | City & State AVENTURA FL | | 4. FEI Numb | -1549 792 |) Ap | plied For t Applicable |
| Zip 33180 Country USA | | 33180 Country U. | | 5. Certificate | of Status Desired[| \$5.00 Add | |
| 6, Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent | | | | | | | |
| I KUTA, LEUNANDU A | | | | POTH LEOUMEDO A. ESQ | | | |
| 3440 110CI | LYWOOD BLVD., STE 360 | | ess (P.O. Box Numb | (P.O. Box Number is Not Acceptable) | | | |
| H OLEYWOOD, FL 330 21 | | | 18851 NE 29th fre seite 900 | | | | |
| | | | | eNTU PA | | FL Zip Code | 33180 |
| 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 DE DE LEONARDO A. Roth, Esq 02/23/04 | | | | | | | |
| SIGNATURE 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 May 1, 2004 | | | | | | neck payable to epartment of State | |
| 9. | MANAGING MEMBER | ··· <u></u> | 10. | | ADDITIONS/CH | | |
| TITLE NAME | | | | 18351 NE 29 th ar Suit 900 | | | |
| STREET ADDRESS 3440 HOLLYWOOD BLVD.; STE 360 | | | STREET ADDRESS (885) NE 201 +M W. C. 201 E 100 CITY-ST-ZIP AVENTUPA, P1 33 180 | | | | 400 |
| CITY-ST-ZIP | MGRM | ☐ Delete | TITLE | 4× 40 (U | PH, FT 39 | ∑ Shange | Addition |
| NAME | HORIGIAN, FERNANDO | | NAME (| 18881 NE | 29 Hax | | |
| STREET ADDRESS CITY-ST-ZIP | | | | ncos | | | |
| TITLE- === | MGRM | Delete | TITLE | | / | Change | Addition |
| NAME STREET ADDRESS | KOJUSNER, GASTON 3449 HOLLYWOOD BLVD., STE | 260_ | NAME STREET ADDRESS | 8851 WE | 29th a | r Luite | COP |
| CITY-ST-ZIP | HOLLYWOOD, FL 33021 | | CITY-ST-ZIP | AN EW TU | 29 th a | 180 | |
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| NAME | N | | NAME | | | | _ |
| STREET ADDRESS CITY-ST-ZIP | 1/ | | STREET ADDRESS CITY-ST-ZIP | | | | |
| 11 basabu | certify that the information supplied with | this filing does not qualify for the | exemption stated | in Section 119.07(3 |)(i), Florida Statutes. I fur | ther certify that the in | nformation |
| 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 a receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | | | |