

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000005913

FILED  
Feb 04, 2004  
Secretary of State

Entity Name: EXPLORER HOME INVESTMENTS, LLC

## Current Principal Place of Business:

P.O. BOX 560604  
MIAMI, FL 332560604

## New Principal Place of Business:

8850 SW 129 TERRACE  
2ND FLOOR  
MIAMI, FL 331765931 US

## Current Mailing Address:

P.O. BOX 560604  
MIAMI, FL 332560604

## New Mailing Address:

P.O. BOX 560604  
MIAMI, FL 332560604 US

FEI Number: 74-3079971

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GARCIA, DAVID R ESQ.  
GABLES INTERNATIONAL PLAZA  
2655 LEJEUNE ROAD, SUITE 802  
CORAL GABLES, FL 33134 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition  
Name: VILOMAR, GUSTAVO E  
Address: P.O. BOX 560604  
City-St-Zip: MIAMI, FL 332560604 US

Title: MGR ( ) Change (X) Addition  
Name: COLLADA, FRANCISCO R  
Address: 8850 SW 129 TERRACE  
City-St-Zip: 2ND FLOOR, FL 331765931 US

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: GUSTAVO E. VILOMAR

MGR

02/04/2004

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