## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000006979

Entity Name: LAS PALMERAS, LLC

FILED Apr 20, 2004 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

C/O KAREN LEOPOLD 20801 BISCAYNE BLVD., SUITE 501 AVENTURA, FL 33180

19539 PRESIDENTIAL WAY MIAMI, FL 33179

## **Current Mailing Address:**

**New Mailing Address:** 

C/O KAREN LEOPOLD 20801 BISCAYNE BLVD., SUITE 501 AVENTURA, FL 33180 US

19539 PRESIDENTIAL WAY MIAMI, FL 33179 US

FEI Number: 90-0161023

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LEOPOLD, KORN & LEOPOLD, P.A. 20801 BISCAYNE BLVD. SUITE 501 AVENTURA, FL 33180 US

CORKIDI, JOSE MANAGER 19539 PRESIDENTIAL WAY MIAMI, FL 33179

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: JOSE CORKIDI Electronic Signature of Registered Agent

Date

( ) Change (X) Addition

04/20/2004

## **MANAGING MEMBERS/MEMBERS:**

**ADDITIONS/CHANGES:** 

() Delete

Name:

CORKIDI, JOSE MGR Name: Address: Address: 19539 PRESIDENTIAL WAY City-St-Zip: City-St-Zip: MIAMI, FL 33179 US

Title: ( ) Delete Name: Address:

Title: MGR ( ) Change (X) Addition Name: CORKIDI, TAMAR MGR Address: 19539 PRESIDENTIAL WAY City-St-Zip: MIAMI, FL 33179 US

Title: () Delete Name:

City-St-Zip:

Address:

City-St-Zip:

Title: MGR ( ) Change (X) Addition CORKIDI, MOISES MGR Name: 19539 PRESIDENTIAL WAY Address: City-St-Zip: MIAMI, FL 33179 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: JOSE CORKIDI 04/20/2004