



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90327 001 ***150.00

DOCUMENT # L03000007417					
1. Entity Name AVENTURA TELEVISION, L.L.C.					
Principal Place of Business 125 NORTH 46 AVENUE HOLLYWOOD, FL 33021			Mailing Address 125 NORTH 46 AVENUE HOLLYWOOD, FL 33021		
2. Principal Place of Business 11601 DISCAYNE BLVD Suite, Apt. #, etc. 203 City & State MIAMI, FLORIDA Zip 33181 Country USA		3. Mailing Address 125 NORTH 46 AVE Suite, Apt. #, etc. City & State HOLLYWOOD, FLORIDA Zip 33021 Country USA			
					
03202004 Chg-LLC CR2E083 (10/03)					
4. FEI Number 30-0176081				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent GOTTLIEB, BRUCE M 125 NORTH 46 AVENUE HOLLYWOOD, FL 33021			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CALDERON, MARIO DUBOVY		NAME		
STREET ADDRESS	125 NORTH 46 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			3/31/2004 (305) 981-3500 <small>Date Daytime Phone #</small>		