


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 12, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90052 036 \*\*\*\*\*50.00

**34005967**

<b>DOCUMENT # L03000007498</b>					
<b>1. Entity Name</b> 100 ANDALUSIA, LLC					
<b>Principal Place of Business</b> 848 BRICKELL AVENUE STE. 810 MIAMI, FL 33131			<b>Mailing Address</b> 848 BRICKELL AVENUE STE. 810 MIAMI, FL 33131		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 03312004    Chg-LLC    CR2E083 (10/03) 02-0698178	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> CORPDIRECT AGENTS, INC. 103 NORTH MERIDIAN STREET LOWER LEVEL TALLAHASSEE, FL 32315			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL    Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>		<b>9. MANAGING MEMBERS/MANAGERS</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>10. ADDITIONS/CHANGES</b>	
MGR LUIS LAMAR 848 BRICKELL AVE STE 810 MIAMI, FL 33131	<input type="checkbox"/> Delete	MGR LUIS LAMAR 848 BRICKELL AVE STE 810 MIAMI, FL 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition	MGR LUIS LAMAR 848 BRICKELL AVE STE 810 MIAMI, FL 33131	
MGR LUIS LAMAR 848 BRICKELL AVE STE 810 MIAMI, FL 33131	<input type="checkbox"/> Delete	MGR LUIS LAMAR 848 BRICKELL AVE STE 810 MIAMI, FL 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition	MGR LUIS LAMAR 848 BRICKELL AVE STE 810 MIAMI, FL 33131	
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<b>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.</b>					
<b>SIGNATURE:</b> _____ (Signature and Printed Name of Signing Managing Member, Manager, or Authorized Representative) _____ Date _____ Daytime Phone # _____					