

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 16, 2004 8:00 am
Secretary of State

02-06-2004 90164 035 ****50.00

2/16/04

DOCUMENT # L03000008469					
1. Entity Name RAF HOLDINGS, LLC					
Principal Place of Business 5341 FISHER ISLAND DRIVE MIAMI, FL 33109			Mailing Address 5341 FISHER ISLAND DRIVE MIAMI, FL 33109		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01312004 - Chg-LLC CR2E083 (10/03)	
4. FEI Number 01-0770938				☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				34009276	
6. Name and Address of Current Registered Agent ROGONDINO, FABIOLA 5341 FISHER ISLAND DRIVE MIAMI, FL 33109			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 requesting)					
Filing Fee is \$80.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE: PRESIDENT NAME: FABIOLA ROGONDINO STREET ADDRESS: 5341 FISHER ISLAND DR CITY-ST-ZIP: MIAMI - FLORIDA 33109			TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____			TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____			TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		
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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 _____				2/1/04 (305) 6727398	
SIGNATURE AND TYPED OR PRINTED NAME OF RECORDING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					