FILED
May 17, 2004 8:00 am
Secretary of State

04-29-2004 90063 040 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000008838

1. Entity Name
SEVILLA OFFICE CENTER, LLC

34006310

Principal Place of Business	Mailing Address
~~3006 AVIATION AVE.~~ ~~SUITE 2-A~~ ~~COCONUT GROVE, FL 33133~~	~~3006 AVIATION AVE.~~ ~~SUITE 2-A~~ ~~COCONUT GROVE, FL 33133~~

04262004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
2601 S. Bayshore Drive		2601 S. Bayshore Drive	
Suite, Apt. #, etc.: #200		Suite, Apt. #, etc.: #200	
City & State: Miami, Florida		City & State: Miami, Florida	
Zip: 33133	Country: USA	Zip: 33133	Country: USA

4. FEI Number: Applied For ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, JORGE E
395 ALHAMBRA CIR.
SUITE 301
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name: Jorge L. Lopez-Garcia
Street Address (P.O. Box Number is Not Acceptable): 1570 Madruga Avenue
Suite 200
City: Miami FL Zip Code: 33146

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: Jorge L. Lopez-Garcia 4/26/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager Victor D. Kiperman 2601 S. Bayshore Dr, Ste 200 Miami, Fl 33133	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Victor D. Kiperman Dir 4/26/04 305-662-2525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #