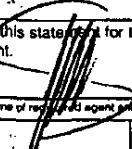


FILED
May 17, 2004 8:00 am
Secretary of State

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

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000008838			
1. Entity Name SEVILLA OFFICE CENTER, LLC			
Principal Place of Business 3006 AVIATION AVE. SUITE 2-A COCONUT GROVE, FL 33133		Mailing Address 3006 AVIATION AVE. SUITE 2-A COCONUT GROVE, FL 33133	
2. Principal Place of Business 2601 S. Bayshore Drive		3. Mailing Address 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
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 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 Signatures, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)			
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	Manager Victor D. Kiperman 2601 S. Bayshore Dr, Ste 200 Miami, FL 33133	10. ADDITIONS/CHANGES	
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ 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 4/26/04 305-462-2525 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			