

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000009763

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: SARAH-I PROJECTS, LLC

## Current Principal Place of Business:

1725 MAIN STREET, SUITE 205  
WESTON, FL 33326

## New Principal Place of Business:

1725 MAIN STREET, SUITE 209  
WESTON, FL 33326

## Current Mailing Address:

1725 MAIN STREET, SUITE 205  
WESTON, FL 33326

## New Mailing Address:

1725 MAIN STREET, SUITE 209  
WESTON, FL 33326

FEI Number: 45-0511190

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HEANA ARIAS TOVAR  
1725 MAIN STREET, SUITE 205  
WESTON, FL 33326

## Name and Address of New Registered Agent:

ILEANA ARIAS TOVAR, ESQ  
1725 MAIN STREET, SUITE 209  
WESTON, FL 33326

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.

SIGNATURE: ILEANA ARIAS TOVAR, ESQ

04/30/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: CURE, IVONNE A  
Address: 1725 MAIN STREET, SUITE 205  
City-St-Zip: WESTON, FL 33326

Title: MGR ( ) Delete  
Name: BENITEZ, ROQUE DANIEL  
Address: 1725 MAIN STREET, SUITE 205  
City-St-Zip: WESTON, FL 33326

Title: MGR ( ) Delete  
Name: BENITEZ, GABRIEL ADOLFO  
Address: 1725 MAIN STREET, SUITE 205  
City-St-Zip: WESTON, FL 33326

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: IVONNE A CURE

MGR

04/30/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date