


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90203 047 ****50.00

DOCUMENT # L03000013059

1. Entity Name
LA ESTANCIA ARGENTINA HOLDING, L.L.C.



Principal Place of Business Mailing Address
3440 HOLLYWOOD BLVD STE. 360 **3440 HOLLYWOOD BLVD STE. 360**
HOLLYWOOD, FL 33021 **HOLLYWOOD, FL 33021**

2. Principal Place of Business 3. Mailing Address
18851 NE 29th Ave **18851 NE 29th Ave**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
900 **900**

City & State City & State
AVENTURA, FL **AVENTURA, FL**

Zip Country Zip Country
33180 **USA** **33180** **USA**



01082004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent
ROTH, LEONARDO A ESQ
ROTH, ROUSSO & DARRACH, P.A.
3440 HOLLYWOOD BLVD STE. 360
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent
 Name **ROTH LEONARDO A ESQ.**
 Street Address (P.O. Box Number is Not Acceptable)
18851 NE 29th Ave Suite 900
 City **AVENTURA** FL Zip Code **33180**

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 *[Signature]* **LEONARDO A. ROTH** **2/23/04**
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	MGRM HORGIAN, FERNANDO 3440 HOLLYWOOD BLVD STE. 360 HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOJUSNER, CLAUDIO 3440 HOLLYWOOD BLVD STE. 360 HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18851 NE 29th Ave Suite 900 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18851 NE 29th Ave Suite 900 AVENTURA, FL 33180
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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, the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* **FERNANDO HORGIAN, MGRM** **2/23/04** **386279.0000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #