

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000013390

1. Entity Name
COSTA BLANCA HOMES, L.L.C.



Principal Place of Business Mailing Address
209 WEST 21ST ST. 209 WEST 21ST ST.
HIALEAH, FL 33010 HIALEAH, FL 33010



02212005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 55-0800248 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RODRIGUEZ, JOHN M ESQ
7600 WEST 20TH AVE., STE. 220
HIALEAH, FL 33016

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required with reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEMPERE, MIGUEL A 209 WEST 21ST ST. HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEMPERE, MERCEDES 209 WEST 21ST ST. HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEMPERE, JAIME 209 WEST 21ST ST. HIALEAH, FL 33010
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

MIGUEL A. SEMPERE

(305) 888-4002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #