


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90012 018 \*\*\*\*50.00

|   |   |                                 |   |  |   |
|---|---|---------------------------------|---|--|---|
| <b>DOCUMENT # L03000015762</b><br>1. Entity Name<br><b>THE REPUBLIC 2, LLC</b>  |   |                                 |   |   |   |
| Principal Place of Business<br><b>1390 BRICKELL AVENUE, SUITE 200<br/>MIAMI, FL 33131</b>   |   |                                 | Mailing Address<br><b>1390 BRICKELL AVENUE, SUITE 200<br/>MIAMI, FL 33131</b> |  |   |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |   |                                 | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                 |  |   |
| City & State  |   |                                 | City & State  |  |   |
| Zip   |   | Country                         |   | Zip  |   |
| Country   |   | Country                         |   | 4. FEI Number <b>48-1308759</b>  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |                                 |   | Applied For<br><input type="checkbox"/> Not Applicable   |   |
| <b>\$5.00 Additional Fee Required</b>   |   |                                 |   | 6. Name and Address of Current Registered Agent<br><br><b>ALVARO CASTILLO B., P.A.<br/>1390 BRICKELL AVENUE, SUITE 200<br/>MIAMI, FL 33131</b> |   |
| 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City   |   |                                 |   | FL Zip Code  |   |
| 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 _____ DATE <b>5-5-04</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |                                 |   |  |   |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2004</b>   |   |                                 | <b>Make check payable to<br/>Florida Department of State</b>                  |  |   |
| <b>9. MANAGING MEMBERS / MANAGERS</b>   |   |                                 | <b>10. ADDITIONS / CHANGES</b>  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>VENOSTA, JORGE<br>1390 BRICKELL AVENUE, SUITE 200<br>MIAMI, FL 33131     | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>DEL CARMEN, MARIA<br>1390 BRICKELL AVENUE, SUITE 200<br>MIAMI, FL 33131  | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>DE VENOSTA, ALBERT<br>1390 BRICKELL AVENUE, SUITE 200<br>MIAMI, FL 33131 | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |   |                                 |   |  |   |
| <b>SIGNATURE:</b> _____ <b>5/5/04</b> <b>(305) 371-5540</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |   |                                 |   |  |   |