## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT								
DOCUMENT # L03000016520					FILED			
1. Entity Name					in 6 MAY 2	5 AM 11:08		
Principal Place	of Business	Mailing Address			Y This last	SELE FLUNISA	MJH	
5779 NW 15	IST STREET	5779 NW 151ST STREET			( introven			
MIAMI, FL 33	3014	MIAMI, FL 33014			11 <b>2016 (111 bath dan</b> Pal	51 maios irbin ultus urien suns na	alimet III IMME	
2. Principal Pl	ace of Business	3. Mailing Address	<u> </u>					
14160 Pal	motto Frontage Rd	19160 Palmet	to Fronte	ce Pd	it <b>abita</b> inti a <b>a</b> id <b>ba</b> it aa	tis årbind (todu spira oppur pinte go		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		03262004	Chg-LLC	CR2E083 (10/03)	5/25	
City & State	Lakes, FC	City & State Lake 9	i Ei	4. FEI Numt	per	<del></del>	oplied For of Applicable	
3361		Zip (	Country	5. Certificat	e of Status Desired	□ \$5.00 Ad	ditional	
2001	6. Name and Address of Current F	Registered Agent	T	7. Name an	d Address of New F	Fee Require	rd	
CAPARROS, MARTIN JR								
5779 NW 1	151ST STREET		ddress (P.O. Box Num	(P.O. Box Number is Not Acceptable)				
MIAMI, FL	33014							
			City			FL Zip Coo	de	
	named entity submits this statement for ions of registered agent.	the purpose of changing its reg	ristered office of	registered agent, or b	oth, in the State of Fl	orida. I am familiar with	, and accept	
SIGNATURE.	aris or registered again.							
SIGNATORE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Re	gistered Agent signat	ure required when reinstating)		DATE		
Fi Di	ling Fee is \$50.00 ue by May 1, 2004				Make check payable to Florida Department of State			
9.	MANAGING MEMBE		10.		ADDITIONS	/CHANGES		
TITLE NAME	MGR CAPARROS, MARTIN JR	Defete	TITLE NAME	Caparros, Martin Jr.		Change Change	Addition	
STREET ADDRESS CITY-ST-ZIP	5779 NW 151ST STREET MIAMI, FL 33014		STREET ADDRESS CHY-ST-ZIP	14160 Palmetto Fro Miami Lakes, Fl. 33		-		
TITLE	WILNING, FL 00014	☐ Delete	TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
NYLE NAME		Delete	TITLE NAME		· · ·	☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS		700000	200000	,	
CITY-ST-ZIP		Defete	CITY-ST-ZIP	85,	<del>/24/04 0</del> 10	7033897 <del>24-882<sub>5</sub> ※1</del>	406 Addition	
NAME		LI Donoto	NAME	-		<u></u>		
STREET ADDRESS CITY-ST-ZIP	1		STREET ADDRESS City-St-ZIP	1				
ME		Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CHY-ST-ZIP		Пълс	City-St-ZIP		· · · · · · · · · · · · · · · · · · ·		C Addition	
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
11, I hereby	certify that the information supplied with	this filing does not qualify for the	ne exemption sta	ated in Section 119.07(	3)(i), Florida Statutes	. I further certify that the	information	
	d on this report is true and accurate and ability company or the receiver or truste					aging member or manaç	ger of the	
0.000		) Man	451 C	Y ADADA -C	4/20			
- wirekin7								
SIGNA	TURE: Y \ SIGNATURE AND TYPED OR PRINTED NAME OF	F SIGNING MANAGING MEMBER, MANAG	SER, OR AUTHORIZE	D REPRESENTATIVE	Dafe	Daytime Phone #		