


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-10-2004 90012 002 \*\*\*\*50.00

|  |  |   |
|--|--|---|
| <b>DOCUMENT # L03000018100</b>             |  |  |
| 1. Entity Name<br><b>PRESERVE 1206 LLC</b> |  |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>780 N.E. 69 STREET #1705<br/>MIAMI, FL 33138</b> | Mailing Address<br><b>780 N.E. 69 STREET #1705<br/>MIAMI, FL 33138</b> |
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|   |   |
|---|---|
| 2. Principal Place of Business<br><b>1240 Castille Ave</b><br>Suite, Apt. #, etc. | 3. Mailing Address<br><b>1240 Castille Ave</b><br>Suite, Apt. #, etc. |
|---|---|

|   |   |
|---|---|
| City & State<br><b>Coral Gables, FL</b> | City & State<br><b>Coral Gables, FL</b> |
| Zip<br><b>33134</b>                     | Country<br><b>USA</b>                   |



04282004 Chg-LLC CR2E083 (10/03)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>81-0614718</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|  |
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| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |
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|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><b>TRESCOTT, ROBERT L<br/>2121 PONCE DE LEON BLVD. #900<br/>CORAL GABLES, FL 33134</b> |  |
|---|--|

|   |                             |
|---|-----------------------------|
| 7. Name and Address of New Registered Agent   |                             |
| Name  |                             |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>2605 Ponce De Leon Blvd.</b> |                             |
| City<br><b>Coral Gables</b>   | FL Zip Code<br><b>33134</b> |

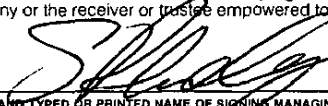
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

|                 |  |            |
|-----------------|--|------------|
| SIGNATURE _____ | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|-----------------|--|------------|

|   |  |
|---|--|
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2004</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS                   |                                 | 10. ADDITIONS/CHANGES                          |  |
|--|---------------------------------|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <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 | 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 | 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 | 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 | 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>DATE:</b> <b>May 07/2004</b> | <b>DAYTIME PHONE #:</b> <b>3056095257</b> |
|---|---------------------------------|---|