


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90020 029 \*\*\*\*50.00

<b>DOCUMENT # L03000020523</b> 1. Entity Name <b>C.I. ARAGON L.L.C.</b>					
Principal Place of Business <b>7925 NW 12 ST., STE. 318 MIAMI, FL 33126</b>			Mailing Address <b>7925 NW 12 ST., STE. 318 MIAMI, FL 33126</b>		
2. Principal Place of Business <b>7925 NW 12TH STREET</b>		3. Mailing Address <b>7925 NW 12TH STREET</b>			
Suite, Apt. #, etc. <b>SUITE 407</b>		Suite, Apt. #, etc. <b>SUITE 407</b>			
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>			
Zip <b>33126</b>	Country <b>USA</b>	Zip <b>33126</b>	Country <b>USA</b>	4. FEI Number <b>20-0266522</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>JUAN PABLO ARAGON CRESPO 7925 NW 12 ST., STE. 318 MIAMI, FL 33126</b>				7. Name and Address of New Registered Agent Name <b>JUAN PABLO ARAGON CRESPO</b> Street Address (P.O. Box Number is Not Acceptable) <b>7925 NW 12TH STREET</b> <b>SUITE 407</b> City <b>MIAMI</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)					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JUAN PABLO ARAGON CRESPO 7925 NW 12 ST., STE. 318 MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JUAN PABLO ARAGON CRESPO 7925 NW 12TH STREET SUITE 407 MIAMI, FL 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JUAN CARLOS ARAGON DIAZ 7925 NW 12 ST., STE. 318 MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JUAN CARLOS ARAGON DIAZ 7925 NW 12TH STREET SUITE 407 MIAMI, FL 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRANCISCO JOSE ARAGON DIAZ 7925 NW 12 ST., STE. 318 MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRANCISCO JOSE ARAGON DIAZ 7925 NW 12TH STREET SUITE 407 MIAMI, FL 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOLINA, JUAN 7925 NW 12 ST., STE. 318 MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JUAN MOLINA 7925 NW 12TH STREET SUITE 407 MIAMI, FL 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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> _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					