## 2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE

## Mar 25, 2004 8:00 am Secretary of State **DOCUMENT # L03000021713** 03-25-2004 90217 034 \*\*\*\*50.00 TEIDE HOLDINGS II, L.C. Principal Place of Business Mailing Address 6955 N.W. 77TH AVENUE, SUITE 203 6955 N.W. 77TH AVENUE, SUITE 203 SAUCOLUL MIAMI, FL 33166 MIAMI, FL 33166 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 03042004 Chg-LLC CR2E083 (10/03) Applied For City & State City & State 4. FEI Number Not Applicable Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RODRIGUEZ, ANTONIO Street Address (P.O. Box Number is Not Acceptable) 6955 N.W. 77TH AVENUE, SUITE 203 MIAMI, FL 33166 City 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 Signature, typed or printed name of registored agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE TITI F ☐ Change ☐ Addition Delete RODRIGUEZ, ANTONIO 6955 N.W. 77TH AVENUE, SUITE 203 STREET ADDRESS STREET ADORESS CITY-ST-ZIP MIAMI, FL 33166 CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Addition TITLE ☐ Delete Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- 7IP CITY-ST-ZIP TITLE TOLF ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZP 11. Thereby 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 end 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 received or trystee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED