


APR. -14' 04 (WED) 15:08

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90122 031 ****50.00

| | |
|--|---|
| DOCUMENT # L03000022800 |  |
| 1. Entity Name HOMESTEAD 1 LLC | |


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|--|--|
| Principal Place of Business 1390 BRICKELL AVE, STE 200 MIAMI, FL 33131 | Mailing Address 1390 BRICKELL AVE, STE 200 MIAMI, FL 33131 |
|--|--|

| | |
|---|---|
| 2. Principal Place of Business 601 Brickell Key Drive | 3. Mailing Address 601 Brickell Key Drive |
| Suite, Apt. #, etc. Suite 604 | Suite, Apt. #, etc. Suite 604 |

| | |
|---------------------------------------|---------------------------------------|
| City & State Miami, Florida | City & State Miami, Florida |
|---------------------------------------|---------------------------------------|

| | | | |
|---------------------|----------------------|---------------------|----------------------|
| Zip 33131 | Country US | Zip 33131 | Country US |
|---------------------|----------------------|---------------------|----------------------|

24063063



040B2004 Chg-LLC CR2E093 (10/03)

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|------------------------------------|--|
| 4. FEI Number 57-1180990 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|---------------------------------------|

| | |
|--|--|
| 6. Name and Address of Current Registered Agent | |
| ALVARO CASTILLO B., P.A. 1390 BRICKELL AVE, STE 200 MIAMI, FL 33131 | |

| | |
|--|-------------|
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| 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 _____ (NOTE: Registered Agent signature required when participating) DATE _____

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

| 9. MANAGING MEMBERS/MANAGERS | |
|---|---------------------------------|
| TITLE NAME MGR SUNNY ENTERPRISES LLC | <input type="checkbox"/> Delete |
| STREET ADDRESS 1390 BRICKELL AVE, STE 200 | |
| CITY-ST-ZIP MIAMI, FL 33131 | |
| TITLE NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 10. ADDITIONS/CHANGES | |
|-----------------------|--|
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | Grupo Lozano, LLC |
| CITY-ST-ZIP | 601 Brickell Key Drive, Suite 604 Miami, Florida 33131 |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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 008, Florida Statutes.

SIGNATURE: Genara Diaz, President Sunny Enterprises Date: 4-22-04 Daytime Phone: (205) 371-5540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE