


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	


Principal Place of Business 1390 BRICKELL AVE, STE 200 MIAMI, FL 33131	Mailing Address 1390 BRICKELL AVE, STE 200 MIAMI, FL 33131
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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
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Zip 33131	Country US	Zip 33131	Country US
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24063063



040B2004 Chg-LLC CR2E093 (10/03)

4. FEI Number 57-1180990	Applied For <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

**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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when participating)

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