


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90357 033 ****50.00

DOCUMENT # L03000023657	
1. Entity Name 1035 PROPERTY, LLC	

Principal Place of Business 8550 NW 33RD STREET, SUITE 200 MIAMI, FL 33122	Mailing Address 8550 NW 33RD STREET, SUITE 200 MIAMI, FL 33122
--	--

2. Principal Place of Business 5835 BLUE LAGOON DR. Suite, Apt. #, etc. SUITE 200 City & State MIAMI FL Zip 33126-2067	3. Mailing Address 5835 BLUE LAGOON DR. Suite, Apt. #, etc. SUITE 200 City & State MIAMI, FL Zip 33126-2067	Country USA
---	--	----------------



04092004 Chg-LLC CR2E083 (10/03)

4. FEI Number 20 0063786	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 DUARTE-VIERA, ANIBAL J 8550 NW 33RD STREET, SUITE 200 MIAMI, FL 33122	
7. Name and Address of New Registered Agent Name Duarte-Viera, Anibal J. Street Address (P.O. Box Number is Not Acceptable) 5835 BLUE LAGOON DR. SUITE 200 City MIAMI FL Zip Code 33126	

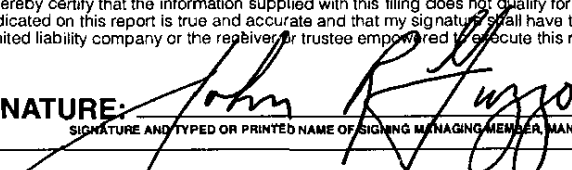
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE 4-19-04
Signature, typed or printed name of registered 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
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUARTE-VIERA, ANIBAL J 8550 NW 33RD STREET, SUITE 200 MIAMI, FL 33122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUARTE-VIERA, ANIBAL J 5835 BLUE LAGOON DR SUITE 200 MIAMI FL 33126-2067 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GUZZO, JOHN R 8550 NW 33RD STREET, SUITE 200 MIAMI, FL 33122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GUZZO, JOHN R. 5835 BLUE LAGOON DR. SUITE 200 MIAMI FL 33126-2067 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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.

SIGNATURE:  MGR	4-09-04	7863718234
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>