

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000027429

FILED
Apr 28, 2004
Secretary of State

Entity Name: CIMA I LLC

Current Principal Place of Business:

150 S.E. 2ND AVE. STE. 404
MIAMI, FL 33131

New Principal Place of Business:

150 S.E. 2ND AVE. STE. 807
MIAMI, FL 33131

Current Mailing Address:

150 S.E. 2ND AVE. STE. 404
MIAMI, FL 33131

New Mailing Address:

150 S.E. 2ND AVE. STE. 807
MIAMI, FL 33131

FEI Number: 02-0700296

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SARABIA, CARLOS
150 S.E. 2ND AVE. STE. 404
MIAMI, FL 33131

Name and Address of New Registered Agent:

MFM CONSTRUCTION CORP.
150 S.E. 2ND AVE. STE. 807
MIAMI, FL 33131

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.

SIGNATURE: CARLOS SARABIA

04/28/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: MFM CONSTRUCTION COR, P
Address: 150 S.E. 2ND AVE. STE. 404
City-St-Zip: MIAMI, FL 33131

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MFM CONSTRUCTION COR, P
Address: 150 S.E. 2ND AVE. STE. 807
City-St-Zip: MIAMI, FL 33131

Title: MGRM () Change (X) Addition
Name: ZUNCHO CORPORATION,
Address: 4440 NW 73RD AVENUE
City-St-Zip: MIAMI, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CARLOS SARABIA

MGRM

04/28/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date