

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90003 007 ***150.00

DOCUMENT # L03000030265

1. Entity Name
PROPERTY AMERICA GROUP LLC



Principal Place of Business
**7700 N. KENDALL DRIVE
SUITE 809
MIAMI, FL 33156 US**

Mailing Address
**7700 N. KENDALL DRIVE
SUITE 809
MIAMI, FL 33156 US**

34007033

2. Principal Place of Business
6745 SW 90 Court
Suite, Apt. #, etc.

3. Mailing Address
6745 SW 90 Court
Suite, Apt. #, etc.

01232004 Chg-LLC CR2E083 (10/03)

City & State
Miami, FL

Zip
33173

Country
USA

4. FEI Number
37-1473274

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SALAZAR, GERMAN A
7700 N. KENDALL DRIVE
SUITE 809
MIAMI, FL 33156**

7. Name and Address of New Registered Agent
Name
CATALINA BELLO
Street Address (P.O. Box Number is Not Acceptable)
6745 SW 90 Court
City
Miami **FL** Zip Code
33173

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 **CATALINA BELLO** *[Signature]* **Jan 27, 04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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 MGRM	BELLO-BETANCOURT, GUILLERMO <input type="checkbox"/> Delete	TITLE President, secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS	7700 N. KENDALL DRIVE, STE 809	STREET ADDRESS	6745 SW 90 Court
CITY-ST-ZIP	MIAMI, FL 33156	CITY-ST-ZIP	Miami, FL 33173
TITLE MGRM	GONZALEZ-MIJARES, OSCAR <input type="checkbox"/> Delete	TITLE Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS	7700 N. KENDALL DRIVE, STE 809	STREET ADDRESS	6745 SW 90 Court
CITY-ST-ZIP	MIAMI, FL 33156	CITY-ST-ZIP	Miami, FL 33173
TITLE Vice President	CATALINA BELLO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	6745 SW 90 CT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33173	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 608, Florida Statutes.

SIGNATURE: *[Signature]* **CATALINA BELLO** **Jan 28, 2004 (305) 5954525**
Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #