


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000030336		
1. Entity Name WATERVIEW RB-GEM LLC		

Principal Place of Business 9240 SW 72ND ST #100 MIAMI, FL 33173	Mailing Address 9240 SW 72ND ST #100 MIAMI, FL 33173
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country


6. Name and Address of Current Registered Agent	
FERNANDEZ-VALLE, MARIA ESQ 10570 NW 27 ST, UNIT 103 MIAMI, FL 33172	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
State	
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 _____	
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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGEM BENITEZ, ROLANDO 9240 SW 72ND ST #100 MIAMI, FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGEM Luis Alonso 9141 SW 73 St. Miami, FL 33173 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	
Date	Daytime Phone #

FILED

2004 MAY -7 P 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02122004 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-0158793


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

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
State	
Zip Code	

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