2004 LIMITED LIABILITY COMPANY

SIGNATURE:

Jul 16, 2004 8:00 am **Secretary of State ANNUAL REPORT** DOCUMENT,# L03000032854 07-16-2004 90142 018 ****50.00 FLL SUNSET DEVELOPMENT, LLC Principal Place of Business Mailing Address TAUCIOIO 4950 S.W. 80TH STREET 4950 S.W. 80TH STREET MIAMI, FL 33143 MIAMI, FL 33143 3. Mailing Address Clo A. A. CRFS Pa 2. Principal Place of Business Co Suite, Apt. #, etc. Suite, Apt. #, etc 72Nd ST 生11 07122004 Chg-LLC CR2E083 (10/03) 9260 50 City & State Applied For MIAMI Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired MIRAL DADE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANTON, EDUARDO Street Address (P.O. Box Number is Not Acceptable) 1385 CORAL WAY, SUITE 406 MIAMI, FL 33146 City 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 September 8, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. TITLE MGR TITLE ☐ Delete ☐ Change ☐ Addition BANGO, FRANCISCO J NAME NAME 4950 S.W. 80TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33143 CITY-ST-7(P MGR TITLE ☐ Delete TITLE Change ☐ Addition CUTIE, LUIS A NAME NAME STREET ADDRESS 7200 S.W. 61ST STREET STREET ADDRESS MIAMI, FL 33143 CITY-ST-ZIP CITY-ST-ZIP MGR Delete ☐ Change ☐ Addition GARCIA*CARRILLO; PEDRO P NAME NAME STREET ADDRESS 4950 S.W. 80TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33143 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition GARCIA-CARRILLO, LOURDES NAME NAME 4950 S.W. 80TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33143 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 his report as required by Chapter 608, Florida Statutes.

YPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

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