

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000033032

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: FARMACITY CAPITAL, LLC

**Current Principal Place of Business:**

1001 BRICKELL BAY DR., STE. 2014  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

1001 BRICKELL BAY DR., STE. 2014  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CFRA, LLC  
ONE HARBOUR PLACE, 5TH FLOOR  
777 S. HARBOUR ISLAND BLVD.  
TAMPA, FL 336013239 US

**Name and Address of New Registered Agent:**

HERNANDEZ, CARLOS  
1001 BRICKELL BAY DRIVE, SUITE 2014  
MIAMI, FL 33131 US

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 HERNANDEZ

04/30/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

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

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

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: HERNANDEZ, CARLOS  
Address: 1001 BRICKELL BAY DRIVE, SUITE 2014  
City-St-Zip: MIAMI, FL 33131 US

Title: MGR ( ) Change (X) Addition  
Name: FRANQUI, ANNETTE  
Address: 1001 BRICKELL BAY DRIVE, SUITE 2014  
City-St-Zip: MIAMI, FL 33131 US

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 HERNANDEZ

MGR

04/30/2004

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