

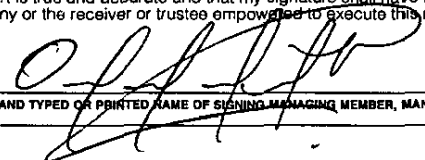


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 01, 2004 8:00 am
Secretary of State

09-01-2004 90089 011 ****50.00

DOCUMENT # L03000034999 1. Entity Name MONTEA, LLC																			
Principal Place of Business 201 S. BISCAYNE BLVD., 28TH FLOOR MIAMI, FL 33131			Mailing Address 201 S. BISCAYNE BLVD., 28TH FLOOR MIAMI, FL 33131																
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 08092004 Chg-LLC CR2E083 (10/03)															
City & State		City & State																	
Zip Country		Zip Country																	
4. FEI Number 38-3689331		Applied For <input type="checkbox"/> Not Applicable																	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent CORPDIRECT AGENTS, INC. 103 N. MERIDIAN ST., LOWER LEVEL TALLAHASSEE, FL 32301															
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>															
Filing Fee is \$50.00 Due by September 8, 2004																			
Make check payable to Florida Department of State																			
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%; padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%; padding: 2px;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MGR ORLANDO V MONTIEL 201 S BISCAYNE BLVD, 28TH FLOOR MIAMI, FL 33131 </td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MGR DOMINGO BARONY 201 S BISCAYNE BLVD., 28TH FLOOR MIAMI, FL 33131 </td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MGR LUIS URDANETA 201 S BISCAYNE BLVD, 28TH FLOOR MIAMI, FL 33131 </td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MGR ORLANDO V MONTIEL 201 S BISCAYNE BLVD, 28TH FLOOR MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MGR DOMINGO BARONY 201 S BISCAYNE BLVD., 28TH FLOOR MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MGR LUIS URDANETA 201 S BISCAYNE BLVD, 28TH FLOOR MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date 8/9/04 Daytime Phone # (305)302-9284															