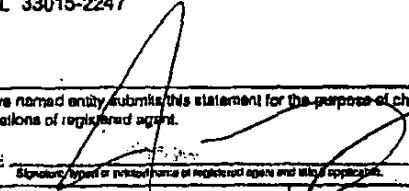
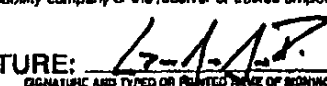


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000035136			
1. Entity Name HABITARE DEVELOPMENT GROUP LLC			
Principal Place of Business 19510 WEST LAKE DRIVE MIAMI, FL 33015-2247 US		Mailing Address 19510 WEST LAKE DRIVE MIAMI, FL 33015-2247 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ORTIZ, PABLO O 19510 WEST LAKE DRIVE MIAMI, FL 33015-2247		Name JUAN C GONZALEZ CPA Street Address (P.O. Box Number is Not Acceptable) 1985 NW 88 COURT Suite 101 City DOLAL FL Zip Code 33016	
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: 9/14/04	
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ORTIZ, PABLO M 19510 WEST LAKE DRIVE MIAMI, FL 330152247 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALVAREZ, CESAR 2333 BRICKELL AV. AP 307 MIAMI, FL 33129 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANGULO, DAVID 9601 SW 142 AVE APTD 417 MIAMI, FL 33186 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		Date: 15/09/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

FILED

05 APR 28 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14027327



09102004 Chg-LLC CR2E083 (10/03)