09-27-2004 90084 016 *****50.00
L03000035136

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
05 APR 28 PM 12:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA
14027327

DOCUMENT # L03000035136

1. Entity Name
HABITARE DEVELOPMENT GROUP LLC

Principal Place of Business	Mailing Address
19510 WEST LAKE DRIVE MIAMI, FL 33015-2247 US	19510 WEST LAKE DRIVE MIAMI, FL 33015-2247 US

09102004 Chg-LLC CR2E083 (10/03)

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 N W 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	MGRM ALVAREZ, CESAR 2333 BRICKELL AV. AP 307 MIAMI, FL 33129	☒ Change	☐ Addition
		☐ Delete	MGRM ANGULO, DAVID 9601 SW 142 AVE APTO 417 MIAMI, FL 33186	☐ Change	☒ Addition
		☐ Delete		☐ Change	☐ Addition
		☐ Delete		☐ Change	☐ Addition
		☐ Delete		☐ Change	☐ Addition
		☐ Delete		☐ 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)(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 605, Florida Statutes.

SIGNATURE: _____ 5/09/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #