


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 16, 2004 8:00 am
Secretary of State

02-27-2004 90195 032 ****50.00

DOCUMENT # L03000036687
 1. Entity Name
ISACAR HOLDINGS, LLC



Principal Place of Business
2812 CENTER COURT DR. WESTON FL 33332

Mailing Address
2812 CENTER COURT DR. WESTON FL 33332

34001652



MOORE CR2E083 (11/03)

2. Principal Place of Business
1835 Main Street

3. Mailing Address
1835 Main Street

Suite, Apt. #, etc.
Suite 101

Suite, Apt. #, etc.
Suite 101

City & State
Florida - Weston

City & State
Weston - Florida

Zip
33326

Country
USA

Zip
33326

Country
USA

4. FEI Number
20-0677304

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

URQUIOLA, JOAQUIN R
GOLDSTEIN-SCHECHTER-PRICE, ET AL
2121 PONCE DE LEON BLVD., STE. 1100
CORAL GABLES FL 33134

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PULGAR, MORAIMA 2812 CENTER COURT DR. WESTON FL 33332	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM. MORAIMA PULGAR 1835 Main Street, Suite 101 Weston, FL, 33326	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM. MARVIN HENDEZ 1835 Main Street Suite 101 Weston FL 33326	<input type="checkbox"/> Change <input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 608, Florida Statutes.

SIGNATURE: *Moraima Pulgar* (**MORAIMA PULGAR**) 2/22/04 (954) 3877118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Copy/Phone #