

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90283 016 \*\*\*\*50.00

<b>DOCUMENT # L03000036882</b>					
<b>1. Entity Name</b> ALEJO FAMILY HOLDINGS, L.C.					
<b>Principal Place of Business</b> 1900 S.W. 18TH AVENUE MIAMI, FL 33145			<b>Mailing Address</b> 1900 S.W. 18TH AVENUE MIAMI, FL 33145		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-0313011	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> LESLIE ALAN ROZENCWAIG, P.A. ONE S.E. THIRD AVENUE, SUITE 960 MIAMI, FL 3313			<b>7. Name and Address of New Registered Agent</b> Name: ROZENCWAIG & FERRERO - CARR Street Address (P.O. Box Number is Not Acceptable): 301 W. HAWAIIAN BEACH BLVD City: HAWAIIAN BEACH FL Zip Code: 3309		
<b>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.</b>					
<b>SIGNATURE</b>  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		ROSARIO FERRERO-CARR, P.A. 3/17/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b>			2/14/04 (305) 635-7546 <small>Signature and typed or printed name of signing managing member, manager, or authorized representative</small>		