## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT					FILED		
DOCUMENT # L03000039969  1. Entity Name					04 MAY 18 AH ID: 31		
RB XXV,						, , , , , , , , ,	
					TALLAS	TO MOST STAT Abule Fluint	c JA <b>BA</b>
Principal Place of Business Mailing Address 9240 SW 72ND STREET, SUITE 100 9240 SW 72ND STREET, SUITE			ET, SUITE	100			M
MIAMI, FL 3	31/3	MIAMI, FL 33173			r (884) 811 411 481 481 1711 4811 8811 4811	l Osisse Hill Ishin ibilə biliə iri	<b>ES</b> I (() (E )
2. Principal P	lace of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			CR2E083 (10/03)	5/18
City & State		City & State	City & State		4. FEI Number 20-0301151	<del></del>	plied Fer
Zip	Country	Zip	Zip Count		5. Certificate of Status Desired	S5.00 Add Fee Required	itional
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New R	egistered Agent	
BENITEZ, ROLANDO 9240 SW 72ND STREET, SUITE 100				Street Address (P.O. Box Number is Not Acceptable)			
MIAMI, FL 33173						·	
-	n e			City		FL Zip Code	3
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							
	Signature, typed or printed hame of registered a	agent and this if approache. (NO	TE. Negistere	o Agerii signatore requited	o when remstating)	DATE TO A STATE OF THE STATE OF	
D	ue by May 1, 2004	]				e check payable to Department of State	
9.	<del> </del>	MBERS/MANAGERS	10.		ADDITIONS		
TITLE NAME	MGR BENITEZ, ROLANDO	☐ Delete	TITL	1		☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	9240 SW 72ND STREET, SU MIAMI, FL 33173	JITE 100		EET ADDRESS '-ST-ZIP			
TITLE		☐ Delete	TITL		70000	☐ Change	☐ Addition
NAME STREET ADDRESS	Ţ			EET ADDRESS	<b>7000365</b> 05/18/0401008	52 <b>8</b> 347 5-001***600	. 00
CITY-ST-ZIP		☐ Delete	CHTY	E E		☐ Change	☐ Addition
NAME STREET ADDRESS			NAM	1			_
CITY-ST-ZIP				-SI-ZIP	<u>,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, </u>	<del></del>	
TITLE NAME		☐ Delete	TITL NAM	1		☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS '-ST-ZIP			
TITLE NAME		☐ Delete	TITL			☐ Change	☐ Apdition
STREET ADDRESS			STR	EET ADDRESS ST-ZIP			
TITLE		☐ Delete	TITL			Change	☐ Aadition
NAME STREET ADDRESS			NAN STRE	EET ADDRESS			
CHY-ST-ZIP	certify that the information supplied	with this filing does not qualify t		r-SI-ZIP emption stated in Se	ection 119.07(3)(i), Florida Statutes.	further certify that the in	nformation
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: V MAS 11 4804							
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date  D							