
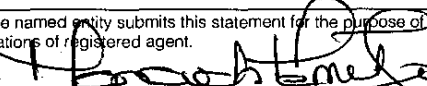


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90148 040 \*\*\*\*55.00

<b>DOCUMENT # L03000040459</b> 1. Entity Name <b>ALIFA, LLC</b>			
Principal Place of Business <del>1730 MAIN STREET</del> <del>SUITE 210</del> <del>WESTON, FL 33326</del>		Mailing Address <del>1730 MAIN STREET</del> <del>SUITE 210</del> <del>WESTON, FL 33326</del>	
2. Principal Place of Business <b>356 Cameron Dr.</b> Suite, Apt. #, etc.		3. Mailing Address <b>356 Cameron Dr.</b> Suite, Apt. #, etc.	
City & State <b>Weston, FL</b> Zip <b>33326</b>		City & State <b>Weston, FL</b> Zip <b>33326</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEL Number <b>32-0096335</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>JEFFREY E. CAMPION, PA</b> <b>1730 MAIN STREET</b> <b>SUITE 210</b> <b>WESTON, FL 33326</b>		7. Name and Address of New Registered Agent Name <b>Maruch Neme</b> Street Address (P.O. Box Number is Not Acceptable) <b>356 Cameron Dr.</b> City <b>Weston</b>	
State <b>FL</b>		Zip Code <b>33326</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.			
SIGNATURE 		DATE <b>04/25/04</b>	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR VILLEGAS, LUIS F <del>1730 MAIN STREET, #210</del> <del>WESTON, FL 33326</del>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>356 Cameron Dr.</b> <b>Weston, FL 33326</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Neme Tascon, Mauren <b>356 Cameron Dr.</b> <b>Weston, FL 33326</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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
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
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: 		DATE <b>04/25/04</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

24064361



04102004 Chg-LLC CR2E083 (10/03)