


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90206 037 ****55.00

L03000040534			
1. 747 #607 PONCE DE LEON, LLC			
C/O GILBERT K. SQUIRES, P.L. 767 ARTHUR GODFREY ROAD MIAMI BEACH, FL 33140		C/O GILBERT K. SQUIRES, P.L. 767 ARTHUR GODFREY ROAD MIAMI BEACH, FL 33140	
2. <i>1/3 Gloria Lopez</i>		3. <i>1/3 Gloria Lopez</i>	
12611 Ramiro ST		12611 Ramiro ST	
Coral Gables		Coral Gables	
FL 33156		FL 33156	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SQUIRES, GILBERT K ESQ. C/O GILBERT K. SQUIRES P.L. 767 ARTHUR GODFREY ROAD MIAMI BEACH, FL 33140		<i>Gloria Lopez</i> 12611 Ramiro ST Coral Gables FL 33156	
8. <i>Cherry</i>			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9.		10.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOPEZ, GLORIA M.D. 767 ARTHUR GODFREY ROAD MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>12611 Ramiro ST Coral Gables, FL 33156</i>
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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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. SIGNATURE: <i>Cherry</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			



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4. *52-2415767*

5. \$5.00