


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90109 044 \*\*\*\*55.00

|  |   |
|--|---|
| <b>DOCUMENT # L03000040865</b>           |  |
| 1. Entity Name<br>NORTH OCEAN POINT, LLC |   |

|  |  |
|--|--|
| Principal Place of Business<br>780 NORTHWEST 42ND AVENUE, SUITE 516<br>MIAMI, FL 33126 | Mailing Address<br>780 NORTHWEST 42ND AVENUE, SUITE 516<br>MIAMI, FL 33126 |
|--|--|

**24004757**

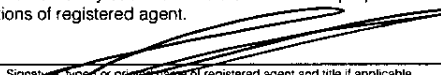
|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



01072004 Chg-LLC CR2E083 (10/03)

|   |                               |
|---|-------------------------------|
| 4. FEI Number<br><b>20-0369876</b>  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required |                               |

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent<br>SPIEGEL & UTRERA, P.A.<br>1840 SW 22ND ST.<br>4TH FLOOR<br>MIAMI, FL 33145 |  | 7. Name and Address of New Registered Agent<br>Name <b>Aurelio A Piedra CPA</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>780 NW 42 Ave</b><br><b>#516</b><br>City <b>MIAMI</b> FL Zip Code <b>33126</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>1/14/04</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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>ALONSO, HORACIO E <input type="checkbox"/> Delete<br>780 NORTHWEST 42ND AVENUE, SUITE 516<br>MIAMI, FL 33126           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>KANESIC DE ALONSO, MONICA G <input type="checkbox"/> Delete<br>780 NORTHWEST 42ND AVENUE, SUITE 516<br>MIAMI, FL 33126 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>KANESIC DE ALONSO, MONICA G <input type="checkbox"/> Delete<br>780 NORTHWEST 42ND AVENUE, SUITE 516<br>MIAMI, FL 33126   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>ALONSO, HORACIO E <input type="checkbox"/> Delete<br>780 NORTHWEST 42ND AVENUE, SUITE 516<br>MIAMI, FL 33126             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #