

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 03, 2004 8:00 am
Secretary of State

04-14-2004 90286 029 ****50.00

DOCUMENT # L03000041330	
1. Entity Name COMFORT CONDOS.COM, LLC	

Principal Place of Business 1208 ALGERIA AVE. CORAL GABLES FL 33134	Mailing Address 1208 ALGERIA AVE. CORAL GABLES FL 33134
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

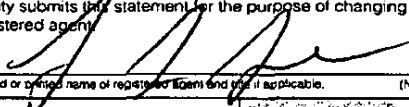


MOORE CR2E083 (11/03)

4. FEI Number 56-2412843	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS RD. #221E PALM BEACH GARDENS FL 33410	7. Name and Address of New Registered Agent Name JUAN L AGUIRRE Street Address (P.O. Box Number is Not Acceptable) 1208 ALGERIA AVENUE City CORAL GABLES FL 33134
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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 **3/16/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AGUIRRE, JUAN L 1208 ALGERIA AVE. CORAL GABLES FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VARGAS, MAX A 1208 ALGERIA AVE. CORAL GABLES FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 274 Precita Ave San Francisco, CA 94110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRIES, SCOTT T 1208 ALGERIA AVE. CORAL GABLES FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 12606 Enclave Drive Orlando, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  **JUAN Aguirre** 3/16/04 (305) 446-5570

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