

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000041639

Entity Name: W.R.L. PROPERTIES, LLC

FILED
Apr 20, 2004
Secretary of State

Current Principal Place of Business:

21205 YACHT CLUB DRIVE, #2609
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

21205 YACHT CLUB DRIVE, #2609
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 56-2411735

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILENSKY, BEATRIZ M
21205 YACHT CLUB DRIVE, #2609
AVENTURA, FL 33180

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: WILENSKY, BEATRIZ M
Address: 21205 YACHT CLUB DRIVE, #2609
City-St-Zip: AVENTURA, FL 33180

Title: MGRM () Delete
Name: RANCATI, LILIANA B
Address: 16950 NORTH BAY ROAD #502
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: MGRM () Delete
Name: LOFER, ROSA C
Address: 301 174TH STREET #612
City-St-Zip: SUNNY ISLES BEACH, FL 33160

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ROSA C LOFER

MGRM

04/20/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date