المناسخة المناسخة

2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 26, 2004 8:00 am Secretary of State **DOCUMENT # L03000045853** 04-26-2004 90053 035 ****50.00 PRODESA DEVELOPMENT, L.L.C. Principal Place of Business Mailing Address 520 BRICKELL KEY DR., STE. 0-305 520 BRICKELL KEY DR., STE. 0-305 MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082004 Chg-LLC CR2E083 (10/03) Applied For 4. FEI Number City & State City & State 84-163143a Not Applicable Country \$5.00 Additional Country Zio 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COTRATE ADMINISTO TRANSGLOBAL CORPORATE ADMINISTRATION, INC. 520 BRICKELL KEY DR., STE. O-305 MIAMI, FL 33131 City the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this state the obligations of registered ag SIGNATURE (NOTE: Registered Agent signature required when reinstating) istered agent and title if applicable Signature, typed or prin Make check payable to Filing Fee is \$50.00 Due by May 1, 2004 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGR Change ☐ Addition TITLE ☐ Delete TITLE VARGAS, CARLOS NAME NAME 520 BRICKELL KEY DR., STE. O-305 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33131 TITLE MGR ☐ Delete TITLE [] Change Addition PARDO, JUAN A NAME NAME STREET ADDRESS 520 BRICKELL KEY DR., STE. O-305 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-7IP TITLE__ ☐ Delete TITLE ☐ Change Addition GARCIA, MAURICIO NAME NAME STREET ADDRESS 520 BRICKELL KEY DR., STE. O-305 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI, FL 33131 ☐ Change ☐ Addition TITLE Delete TITLE MGR NAME POSADA, JUAN F NAME STREET ADDRESS 520 BRICKELL KEY DR., STE. O-305 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI, FL 33131 ☐ Change ☐ Addition TITLE ☐ Delete TITLE MGR NAME ORTIZ, CARLOS NAME STREET ADDRESS 520 BRICKELL KEY DR., STE. O-305 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33131 ☐ Delete TITLE Change | ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 empoyered to execute his/report as required by Chapter 608, Florida Statutes.

report as required by Chapter 608, Florida Statutes.

Daytime Phone

ED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE AND TYPED OR PRINT

FILED