2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2004 8:00 am
Secretary of State
01-16-2004 90015 041 ****50.00

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1. Entity Name
COLONNADE REALTY, LLC

Principal Place of Business	Mailing Address
3500 NW 79TH AVENUE MIAMI, FL 33122	3500 NW 79TH AVENUE MIAMI, FL 33122

01072004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
	1110 WALLACE ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: CORAL GABLES, FL
Zip / Country	Zip: 33134 / Country: USA

4. FEI Number 41-2115992 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ALFONSO, GUSTAVO Z
1110 WALLACE STREET
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name: RICARDO P. HERMIDA
Street Address (P.O. Box Number is Not Acceptable): 2506 PONCE DE LEON BLVD.
City: CORAL GABLES FL Zip Code: 33134

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 [signature] DATE 1-11-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MGR	ROVIRA, CARLOS A	3500 NW 79TH AVENUE	MIAMI, FL 33122	☐
MGR	ALFONSO, GUSTAVO Z	1110 WALLACE STREET	CORAL GABLES, FL 33134	☐
				☐
				☐
				☐
				☐

10. ADDITIONS/CHANGES

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: [signature] 1-11-04 3055861099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #