

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2004 8:00 am
Secretary of State

01-16-2004 90015 041 ****50.00

DOCUMENT # L03000046599	
1. Entity Name COLONNADE REALTY, LLC	

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

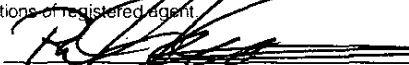


01072004 Chg-LLC CR2E083 (10/03)

4. FEI Number 41-2115992	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

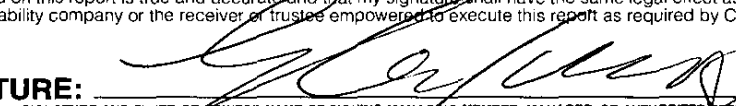
6. Name and Address of Current Registered Agent
ALFONSO, GUSTAVO Z
1110 WALLACE STREET
CORAL GABLES, FL 33134

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  DATE 1-11-04

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROVIRA, CARLOS A 3500 NW 79TH AVENUE MIAMI, FL 33122 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALFONSO, GUSTAVO Z 1110 WALLACE STREET CORAL GABLES, FL 33134 ☐ 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
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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: 	Date 1-11-04 Daytime Phone # 3055861099