


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90430 043 ****50.00

DOCUMENT # L03000054028

1. Entity Name
LA ESTANCIA MIRAMAR, L.L.C.



Principal Place of Business
**18851 NE 29TH AVE, STE 900
AVENTURA, FL 33180**

Mailing Address
**18851 NE 29TH AVE, STE 900
AVENTURA, FL 33180**

2. Principal Place of Business
18851 NE 29th Ave
Suite, Apt. #, etc.
900
City & State
Aventura - FL
Zip
33180 Country
USA

3. Mailing Address
18851 NE 29th Ave
Suite, Apt. #, etc.
900
City & State
Aventura - FL
Zip
33180 Country
USA



02102004 Chg-LLC CR2E083 (10/03)

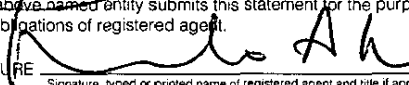
4. FEI Number **20-0514528** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent
**ROTH, LEONARDO A ESQ
ROTH, ROUSSO & DARRACH, PA
18851 NE 29TH AVE, STE 900
AVENTURA, FL 33180**

7. Name and Address of New Registered Agent
Name **Roth, Leonardo A.**
Street Address (P.O. Box Number is Not Acceptable)
18851 NE 29th Ave # 900
City **Aventura** State **FL** Zip **33180**

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  **Leonardo A. Roth** DATE **3/10/04**

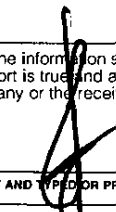
(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOJUSNER, CLAUDIO 18851 NE 29TH AVE, STE 900 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HORIGIAN, FERNANDO 18851 NE 29TH AVE, STE 900 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOJUSNER, GASTON 18851 NE 29TH AVE, STE 900 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **Fernando Horigian MGRM** DATE **3/10/04** Daytime Phone # **306-274-0000**

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