

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 08, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000011574

1. Entity Name  
SMART CENTER 2004 FIRST LLC



Principal Place of Business  
601 BRICKELL KEY DR, STE 604  
MIAMI, FL 33131

Mailing Address  
601 BRICKELL KEY DR, STE 604  
MIAMI, FL 33131



01162006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
34-1986504

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ALVARO CASTILLO B., P.A.  
1390 BRICKELL AVE, STE 200  
MIAMI, FL 33131

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

000000425266  
02/18/06-80088-004 55.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGRM  
NAME DIAZ, GENARO  
STREET ADDRESS 601 BRICKELL KEY DR, STE 604  
CITY-ST-ZIP MIAMI, FL 33131

TITLE MGRM  
NAME BUENO, JOSE LUIS  
STREET ADDRESS 601 BRICKELL KEY DR, STE 604  
CITY-ST-ZIP MIAMI, FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/6/06 (305) 860-3091