2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 04, 2005 8:00 am Secretary of State

Daytime Phone #

1. Entity Name LA ESTANCIA, L.L.C.						04-04-2005	90431 010 '	****55.	.00
Principal Plac	e of Business				-				
3091 GRIFFIN ROAD DANIA BEACH, FL 33312 US 3091 GRIFFIN ROAD DANIA BEACH, FL 33312				5	h de entre de entre de entre de la constante d	PERI SIEU EEU ARGI ARGI ARGI			
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01242005	Chg-LLC	CR2E083	(10/03)	
City & State		City & State			4. FEI Numbe	01067	98,	_ 	plied For t Applicable
Zíp	Country Zip			5. Certificate of Status Desired \$5.00 Additional Fee Required				itional	
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent - Name					
KORN, GARY ESQ. 20801 BISCAYNE BLVD. SUITE 501				Street Address (P.O. Box Number is Not Acceptable)					
AVENTURA, FL-33180				 					
				City	FL Zip Code				
8. The above the obligat	named entity submits this statement to ions of registered agent.	r the purpose of changing its r	egistered	d office or register	ed agent, or bot	h, in the State of Flo	orida. I am fam	iliar with,	and accept
SIGNATURE	Signature, typed by printed furths of registered agent	and title if applicable. (NOTE:	Registered .	Agent signature required	when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2005							e check paya 3 Department		
9.	MANAGING MEMBE		10.			ADDITIONS	CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRIEFF, RICHARD 3091 GRIFFIN ROAD DANIA BEACH, FL 33312	☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP] Chang é	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNS, ROBERT W 3091 GRIFFIN ROAD DANIA BEACH, FL 33312	☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST - ZIP] Change	Addition
TITLE		☐ Delete	TITLENAME	· u · · · ·				Change	Addition
STREET ADDRESS CITY-ST-ZIP		··	STREET CITY-S	I ADDRESS ST-ZIP		-		•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP				Change .	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete ·	CITY-S	j.				Change	Addition
11. I hereby of indicated limited lia	certify that the information subsided with on this report is true and accurate and bility company or the receiver our rustee	this filling does not qualify for that my signature shall have the empowered to execute this re	the exem ne same l eport as r	ption stated in Sec legal effect as if m required by Chapte	ction 119.07(3)(i ade under oath; er 608, Florida S), Florida Statutes. I that I am a manag tatutes.	further certify t ging member or	hat the in manager	formation of the
	SIGNATURE AND TYPED OR PRINTED NAME OF	SIGNING MANAGING MEMBER, MANA	AGER, OR A	UTHORIZED REPRESEN	NTATIVE	Date	Davtim	e Phone #	 [