


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT #194000000405			
PADILLA'S MARINA, L.C. 1310 NW 18TH AVE. MIAMI FL 33125		1a. Principal Place of Business Address 1310 NW 18TH AVE. MIAMI FL 33125			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
1310 NW 18th AVE		1310 NW 18th AVE		08/18/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. State of Formation	
City & State		City & State		FL	
MIAMI, FLORIDA		MIAMI, FLORIDA		4. FEI Number	
Zip		Zip		65-0519174	
33125		33125		5. Date of Last Report	
U.S.A.		U.S.A.		02/26/1996	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent			
DOMINGUEZ, OEFRAIN 11410 NORTH KENDALL DRIVE SUITE 302 MIAMI FL 33139		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE _____					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	PADILIA, JULIAN	1750 N.W. 27TH AVE. #710		MIAMI FL	
MGRM	PADILIA, ROBERT	1750 N.W. 27TH AVE. #710		MIAMI FL	
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (l), Florida Statutes. I further certify that the information on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

3128