

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # ~~19600~~00000233

1. Entity Name  
SOUTH POINT PROPERTIES LIMITED COMPANY



Principal Place of Business  
2962 S.W. 22ND TERR.  
MIAMI, FL 33145

Mailing Address  
2962 S.W. 22ND TERR.  
MIAMI, FL 33145



03052004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0648254

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

PAUCAR, CARLOS  
2962 S.W. 22ND TERR.  
MIAMI, FL 33145

**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

3/5/04

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

U000000080661  
03/08/04-80118-011 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
PAUCAR, CARLOS  
2963 SW 22ND TERRACE  
MIAMI, FL 33145

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
PAUCAR, MANUEL  
2963 SW 22ND TERRACE  
MIAMI, FL 33145

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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 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:**

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

Date

Daytime Phone #

3/5/04 305-447-0071