


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

188.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS <b>L9600000275</b>		RECEIVED STATE DEPARTMENT OF CORPORATIONS 99 MAY -3 AM 9:23	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
<b>1. Name and Mailing Address of Limited Liability Company</b> <b>DOCUMENT # L9600000275</b>  CENTRAL SANTA LUCIA, L.C. C/O NICOLAS J. GUTIERREZ, JR., ESQ. 1101 BRICKELL AVE., SUITE 1400 MIAMI FL 33131		<b>1a. Principal Place of Business Address</b> C/O NICOLAS J. GUTIERREZ, JR 1101 BRICKELL AVE., SUITE 14 MIAMI FL 33131			
<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Organized or Qualified</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/07/1996	
City & State		City & State		<b>3a. State of Formation</b>	
Zip		Zip		FL	
Country		Country		<b>4. FEI Number</b>	
				65-0844458	
				<input type="checkbox"/> Applied For	
				<input type="checkbox"/> Not Applicable	
				<b>5. Date of Last Report</b>	
				04/28/1998	
				<b>6. Certificate of Status Desired</b>	
				<input type="checkbox"/> \$875 Additional Fee Required	
<b>7. Name and Address of Current Registered Agent</b>			<b>8. Name and Address of New Registered Agent/Office</b>		
GUTIERREZ, NICOLAS J JR., ESQ 1101 BRICKELL AVE., SUITE 1400 MIAMI FL 33131			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			Suite, Apt. #, etc		
			City		
			Zip Code		
			FL		
<b>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.</b>					
SIGNATURE _____				DATE _____	
<small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature, Required When Retiring Agent)</small>					
<b>10. Title</b>	<b>Managing Members/Managers</b>	<b>Business Street Address</b>		<b>City, State and Zip Code</b>	
MGR	PEDROSO, VICTOR M	1324 SOPERA AVENUE		CORAL GABLES FL	
MGR	ARGUELLES, FERNANDO J	1002 ALFONSO AVENUE		CORAL GABLES FL	
MGR	SANCHEZ, ALFREDO J	112 BLOOMFIELD		W. PALM BEACH FL	
MGR	REYES, GUSTAVO DE L	3608 SOUTHWEST 57TH AVENUE		MIAMI FL	
MGR	LATOUR, ANTONIO R	6520 LEONARDO STREET		CORAL GABLES FL	
MGR	GUTIERREZ, NICOLAS J JR	1101 BRICKELL AVE., SUITE		MIAMI FL	
BK 5/3/99					
<b>11. I do 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 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.</b>					
<b>SIGNATURE:</b> <u>Nicolas J. Gutierrez, Jr., Esq., Sec. 4/26/99 (305) 373-0320</u>					