


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 27, 2004 08:00 AM  
Secretary of State

**DOCUMENT # L96000000737**

1. Entity Name  
**LUIS AND MARITZA VELAZQUEZ FAMILY, L.C.**



Principal Place of Business <b>7260 SW 100TH STREET MIAMI FL 33156</b>	Mailing Address <b>8600 SW 92ND STREET SUITE 109 MIAMI FL 33156</b>
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MOORE CR2E083 (11/03)

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>65-0716056</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent

**VELAZQUEZ, LUIS A  
7260 SW 100TH STREET  
MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City **FL** Zip Code \_\_\_\_\_

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 appointing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	VELAZQUEZ, LUIS A	
STREET ADDRESS	7260 SW 100TH STREET	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	VELAZQUEZ, MARITZA A	
STREET ADDRESS	7260 SW 100TH STREET	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	VELAZQUEZ, PATRICIA R	
STREET ADDRESS	7260 SW 100TH STREET	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	VELAZQUEZ, LUIS A	
STREET ADDRESS	7260 SW 100TH STREET	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	VELAZQUEZ, VICTOR M	
STREET ADDRESS	7260 SW 100TH STREET	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	VELAZQUEZ, EDUARDO A	
STREET ADDRESS	7260 SW 100TH STREET	
CITY-ST-ZIP	MIAMI FL 33156	

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

100000068827  
02/27/04-80059-003 50.00

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: *Maritza Velazquez* **MARITZA VELAZQUEZ** *10/27/04* *13055984499*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #