
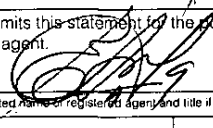
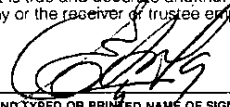


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90026 024 ****50.00

DOCUMENT # L97000000336 1. Entity Name COCONUT GROVE OFFICE LIMITED LIABILITY COMPANY			
Principal Place of Business 3006 AVIATION AVENUE, SUITE 2-A MIAMI, FL 33133		Mailing Address 3006 AVIATION AVENUE, SUITE 2-A MIAMI, FL 33133	
2. Principal Place of Business 2601 South Bayshore Dr #200 Miami, FL 33133		3. Mailing Address 2601 South Bayshore Drive #200 Miami, FL 33133	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33133		Zip 33133	
Country USA		Country USA	
4. FEI Number 65-0742838		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent AVILA, EDUARDO 3006 AVIATION AVENUE, SUITE 2-A MIAMI, FL 33133		7. Name and Address of New Registered Agent Name EDUARDO AVILA Street Address (P.O. Box Number is Not Acceptable) 2601 South Bayshore Drive Suite # 200 City MIAMI FL Zip Code 33133	
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  (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR <input checked="" type="checkbox"/> Delete	NAME AVILA, EDUARDO	TITLE MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Avila, Eduardo
STREET ADDRESS 3006 AVIATION AVENUE, SUITE 2-A	CITY-ST-ZIP MIAMI, FL 33133	STREET ADDRESS 2601 South Bayshore Drive #200	CITY-ST-ZIP MIAMI, FL 33133
TITLE MGR <input checked="" type="checkbox"/> Delete	NAME AVILA, CARLOS E	TITLE Avila, Carlos E <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 2601 South Bayshore Drive #200
STREET ADDRESS 3006 AVIATION AVE. #2-A	CITY-ST-ZIP MIAMI, FL 33133	STREET ADDRESS MIAMI, FL 33133	CITY-ST-ZIP MIAMI, FL 33133
TITLE _____ <input type="checkbox"/> Delete	NAME _____	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME _____
STREET ADDRESS _____	CITY-ST-ZIP _____	STREET ADDRESS _____	CITY-ST-ZIP _____
TITLE _____ <input type="checkbox"/> Delete	NAME _____	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME _____
STREET ADDRESS _____	CITY-ST-ZIP _____	STREET ADDRESS _____	CITY-ST-ZIP _____
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, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date _____ Daytime Phone # _____	