


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90005 027 ****55.00

DOCUMENT # L98000003039

1. Entity Name
 WEST 16 CONDOMINIUM, L.L.C.



Principal Place of Business
 9350 SOUTH DIXIE HWY
 STE 1500
 MIAMI, FL 33156

Mailing Address
 9350 SOUTH DIXIE HWY
 STE 1500
 MIAMI, FL 33156



2. Principal Place of Business
 1588 W. 39 Place
 Suite, Apt. #, etc.

3. Mailing Address
 1588 W. 39 Place
 Suite, Apt. #, etc.
 Hialeah, FL

01072004 Chg-LLC CR2E083 (10/03)

City & State
 Hialeah, FL

City & State
~~MIAMI, FL~~

Zip
 33012

Country
 USA

Zip
 33012

Country
 USA

4. FEI Number
 65-0997315

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent
 SEGREDO, FRANK J ESQ.
 9350 SOUTH DIXIE HWY
 STE 1500
 MIAMI, FL 33156

7. Name and Address of New Registered Agent
 Name: William M. Tuttle II
 Street Address (P.O. Box Number is Not Acceptable): 169 E. Flagler Street
 Suite # 1620
 City: Miami FL Zip Code: 33131

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: *W Tuttle II* DATE: 4/26/04

Signature, typed or printed name of registered agent and title if applicable. (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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM NADER, JUAN CARLOS <input checked="" type="checkbox"/> Delete 1584 W. 39TH PLACE HIALEAH, FL 33012	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM QUINTANILLA, PEDRO <input type="checkbox"/> Delete 1588 W. 39TH PLACE HIALEAH, FL 33012	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Ceballos, Pedro <input type="checkbox"/> Delete 1570 W. 39 Place Hialeah, FL 33012	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Porven, Angel <input type="checkbox"/> Delete 3875 W. 16 Avenue Hialeah, FL 33012	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Pedro J. Quintanilla* DATE: 4-22-04 DAYTIME PHONE #: (305) 828-1128

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE Daytime Phone #