

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90025 011 ****50.00

DOCUMENT # L99000003144

1. Entity Name
MARGARITA PROPERTIES, L.L.C.



Principal Place of Business
**3000 S.W. 42 STREET
HOLLYWOOD, FL 33312**

Mailing Address
**2 SOUTH BISCAYNE BLVD
SUITE 3400
MIAMI, FL 33131**

2. Principal Place of Business

18671 Collins Avenue

Suite, Apt. #, etc.

Unit 1202

City & State

Sunny Isles, FL

Zip

33160

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

03222004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

65-0926403

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**VALDES-FAULI CORPORATE SERVICES, INC.
2 SOUTH BISCAYNE BLVD., STE. 3400
MIAMI, FL 33131**

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 reinstating)

DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **COHEN, GERARD**
CITY-ST-ZIP **3000 SW 42ND ST.
HOLLYWOOD, FL 33312**

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **HASBANI, DAVID**
CITY-ST-ZIP **3000 SW 42ND ST.
HOLLYWOOD, FL 33312**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
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

GERARD COHEN

APRIL 2, 2004

Date

Daytime Phone *

**305
376-6000**