


2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 SEP -3 AM 8:44

DOCUMENT # L99000003231 1. Entity Name LA HACIENDA (USA), LLC	
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Principal Place of Business 520 BRICKELL KEY DRIVE, O-305 MIAMI, FL 33131	Mailing Address 520 BRICKELL KEY DRIVE, O-305 MIAMI, FL 33131
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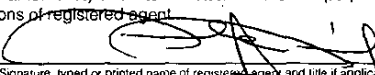
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

08272004 Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0964520	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 TRANSGLOBAL CORPORATE ADMINISTRATION, LLC 520 BRICKELL KEY DRIVE, O-305 MIAMI, FL 33131	7. Name and Address of New Registered Agent Name Sandra Sanchez Street Address (P.O. Box Number is Not Acceptable) 19451 Sheridan Street, Suite 154 City Pembroke Pines FL Zip Code 33332
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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: _____

Amended AR is \$50.00		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	Manager <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUBOV, LEONID	NAME	Sandra Sanchez
STREET ADDRESS	520 BRICKELL KEY DRIVE, O-305	STREET ADDRESS	19451 Sheridan Street, Suite 154
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	Pembroke Pines, FL 33332
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Please see item no. 8 for signature 9/2/04 (305) 374-3800

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