

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 11, 2004 8:00 am
Secretary of State

05-11-2004 90003 042 ****50.00

DOCUMENT # L99000004065

1. Entity Name

HACIENDA COVE, LLC



Principal Place of Business

115 NW 167TH AVE., SUITE 300
NORTH MIAMI BEACH FL 33169

Mailing Address

115 NW 167TH AVE., SUITE 300
NORTH MIAMI BEACH FL 33169

20071003



MOORE CR2E083 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite One SE 3rd Avenue
Suite 3100
City Miami, FL 33131
Zip

One SE 3rd Avenue
Suite 3100
Miami, FL 33131

4. FEI Number 65-0941286

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRACY, GRANVIL M
115 NW 167TH AVE., SUITE 300
NORTH MIAMI BEACH FL 33169

Name
Street Address (F One SE 3rd Avenue
Suite 3100 e)
City Miami, FL 33131
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

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

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE MGRM
NAME HACIENDA COVE INVESTMENTS, LLC ☐ Delete
STREET ADDRESS 115 NW 167TH AVE., SUITE 300
CITY-ST-ZIP NORTH MIAMI BEACH FL 33169

TITLE
NAME One SE 3rd Avenue ☒ Change ☐ Addition
STREET ADDRESS Suite 3100
CITY-ST-ZIP Miami, FL 33131

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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

GRANVIL TRACY 4/27/04 305-654-1500

Date

Daytime Phone #