

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90163 050 ****50.00

24008301



01162004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number

65-0932335

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RODRIGUEZ, JUAN E
80 S.W. 8TH STREET, STE 2550
MIAMI, FL 33130

**DO NOT WRITE
IN THIS SPACE**

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**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	RUIZ-CASTANEDA, NORMAN
STREET ADDRESS	7000 S.W. 97TH AVE., STE 114
CITY-ST-ZIP	MIAMI, FL
TITLE	MGRM
NAME	FERNANDEZ-PUJOL, MARGARITA
STREET ADDRESS	7000 S.W. 97TH AVE., STE 114
CITY-ST-ZIP	MIAMI, FL
TITLE	MGRM
NAME	MONTIEL, CHRISTINA R
STREET ADDRESS	7000 S.W. 97TH AVE., STE 114
CITY-ST-ZIP	MIAMI, FL
TITLE	MGRM
NAME	LARCADA, PAMELA
STREET ADDRESS	7000 S.W. 97TH AVE., STE 114
CITY-ST-ZIP	MIAMI, FL
TITLE	MGRM
NAME	LOPEZ, JOHANNES
STREET ADDRESS	7000 S.W. 97th AVE., STE 114
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

1/16/04

Date

(305) 273-1200

Daytime Phone #