

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005267

FILED
Jan 05, 2004
Secretary of State

Entity Name: PEREZ-ABREU, AGUERREBERE & SUEIRO, P.L.

Current Principal Place of Business:

220 MIRACLE MILE, SUITE 203
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

220 MIRACLE MILE, SUITE 203
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-0942623

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PROHIAS, RAFAEL G ESQ.
HUNTON & WILLIAMS
1111 BRICKELL AVENUE, SUITE 2500
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: CARLOS PEREZ-ABREU,
Address: 9301 S.W. 83RD STREET
City-St-Zip: MIAMI, FL 33173

Title: MGRM () Delete
Name: JUAN AGUERREBERE, JR.,
Address: 6460 SW 52 STREET
City-St-Zip: MIAMI, FL 33155

Title: MGRM () Delete
Name: ALEXANDER SUEIRO,
Address: 8700 SW 106 STREET
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ALEXANDER SUEIRO

MGRM

01/05/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date