


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 25, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L99000008108**  
 1. Entity Name  
**ORTIZ-PARRA ENTERPRISES, LLC**



Principal Place of Business      Mailing Address  
**1881 NW 123RD AVE.**      **1881 NW 123RD AVE.**  
**PEMBROKE PINES, FL 33026**      **PEMBROKE PINES, FL 33026**

**DO NOT WRITE IN THIS SPACE**



03222004 No Chg-LLC      CR2E083 (10/03)

4. FEI Number <b>65-0985557</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  
**INTRASTATE REGISTERED AGENT CORP.**  
**701 BRICKELL AVENUE, SUITE 3000**  
**MIAMI, FL 33131**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

000000095951  
 03/25/04-80010-005 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR</b> <b>ALICIA PARRA DE ORTIZ</b> <b>701 BRICKELL AVENUE, SUITE 3000</b> <b>MIAMI, FL 33131</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR</b> <b>LELIS ANTONIO ORTIZ</b> <b>701 BRICKELL AVENUE, SUITE 300</b> <b>MIAMI, FL 33131</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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:** *LeLis Ortiz*      **LELIS ORTIZ**      03/22/04      9547043432  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #