

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT


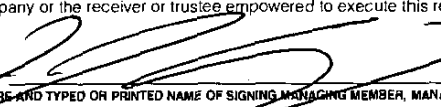
FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90130 002 ****50.00

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01062004 Chg-LLC CR2E083 (10/03)

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| DOCUMENT # L99000008165 | | | |  | |
| 1. Entity Name ANCRICA, LLC | | | | | |
| Principal Place of Business 8222 NW SOUTH RIVER DRIVE MEDLEY, FL 33166 US | | | Mailing Address 8222 NW SOUTH RIVER DRIVE MEDLEY, FL 33166 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 65-0964306 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent PEREZ, RAFAEL A 201 ALHAMBRA CIRCLE #702 CORAL GABLES, FL 33134 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CASARIEGO, ORLANDO J 1021 N. GREENWAY DRIVE CORAL GABLES, FL 33134 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Orlando J. Casariego; Orlando J. 8222 N.W. South River Dr Medley, FL 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CASARIEGO, HUMBERTO F 607 UNIVERSITY DRIVE CORAL GABLES, FL 33134 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Casariego; Humberto F. 8222 N.W. South River Dr Medley, FL 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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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  | | | Orlando J. Casariego 1-6-04 650887-9050 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date Daytime Phone # | | |