2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N15600 1. Entity Name PATIO GRANDE II TOWNHOMES CONDOMINIUM ASSOCIATION INC.										2 M II: 08			
Principal Place of Business 12460 SW 8 STREET 202 MIAMI, FL 33184			1240 202	Mailing Address 12460 SW 8 STREET 202 MIAMI, FL 33184						AF STATE E. EL ORIDA			
2. Principal Place of Business 13358 SW 128 STREET 3. Mailing Address 13358 SW 128 STREET							7						
Suite, Apt. #, etc.				Suite, Apt. #, etc.					hg-NP	CR2E037 (10/03			
Miom. FL			m	Miom. FL				4. FEI Number 59-267495	51		Applied For Not Applicable		
Zip 33180	3186			3186	Cou	ntry .	5. Certificate of Status Desired			\$8.75 Additional Fee Required			
								7. Name and Address of New Registered Agent					
MORAN AND ASSOCIATES INC 12460 SW 8 STREET							Street Address (P.O. Box Number is Not Acceptable)						
202 - M IAMI, FL -33184							13358 SW 128 ST						
							110	mi		FL Zpg	ode 5186		
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													
Amended AR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State													
10.	OFFICERS AND DIR			ECTORS 11.					ES TO OFFICE	RS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		GERMAN 09 AVE #5 _ 33172		Delete 1			20x	ISIDENT DIA BGA DINW 109 OM/FL	AVE #	& Chang	e		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SANTIAGO, HERMIDA 610 NW 109 AVE #5 MIAMI, FL [†] 33172			E Delete		E Et address - ST- ZIP	JER 580	E PRESIDENT B BY ROBY INW 109 AVE 42 PM: FL 33172		⊠ Chang }	e Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Å, GENARO 09 AVE #1 _ 33172	, -	Delete						□ Chain 76226 -009 **61.;	_		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MILIAN, A 610 NW 1 MIAMI, FI	09 AVE #4		Delete			MA 520	ector agarita (NW 109 I on; FL		🗷 Chang	e 🗖 Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete						☐ Chang	ge 🔲 Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Defete	4					☐ Chanq	e 🗖 Addition		
12. 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 or supplimental report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all one like empowered.													
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone (