

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000013460

FILED
Mar 10, 2004
Secretary of State

Entity Name: 414 PROPERTY, LLC

Current Principal Place of Business:

8550 NW 33RD ST., STE. 200
MIAMI, FL 33122

New Principal Place of Business:

Current Mailing Address:

8550 NW 33RD ST., STE. 200
MIAMI, FL 33122

New Mailing Address:

P.O. BOX 347863
CORAL GABLES, FL 33234

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUARTE-VIERA, ANIBAL J
8550 NW 33RD ST., STE. 200
MIAMI, FL 33122

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: MGR () Delete
Name: DUARTE-VIERA, ANIBAL J
Address: 8550 NW 33RD ST., STE. 200
City-St-Zip: MIAMI, FL 33122

Title: MGR () Delete
Name: DE LA CAMPA, GABRIEL
Address: 8550 NW 33RD ST., STE. 200
City-St-Zip: MIAMI, FL 33122

Title: MGR () Delete
Name: VENTO, OSVALDO
Address: 8550 NW 33RD ST., STE. 200
City-St-Zip: MIAMI, FL 33122

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: GABRIEL DE LA CAMPA MGR 03/10/2004

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