


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90430 043 ****50.00

DOCUMENT # L03000054028

1. Entity Name
 LA ESTANCIA MIRAMAR, L.L.C.



Principal Place of Business
 18851 NE 29TH AVE, STE 900
 AVENTURA, FL 33180

Mailing Address
 18851 NE 29TH AVE, STE 900
 AVENTURA, FL 33180



2. Principal Place of Business
 18851 NE 29th Ave

3. Mailing Address
 18851 NE 29th Ave

Suite, Apt. #, etc.
 900

Suite, Apt. #, etc.

02102004 Chg-LLC CR2E083 (10/03)

City & State
 Aventura - FL

City & State
 Aventura - FL

4. FEI Number 20-0514528

Applied For
 Not Applicable

Zip Country
 33180 USA

Zip Country
 33180 USA

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROTH, LEONARDO A ESQ
 ROTH, ROUSSO & DARRACH, PA
 18851 NE 29TH AVE, STE 900
 AVENTURA, FL 33180

7. Name and Address of New Registered Agent

Name: ROTH, LEONARDO A.
 Street Address (P.O. Box Number is Not Acceptable):
 18851 NE 29th Ave # 900
 City: Aventura FL 33180

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]* LEONARDO A. ROTH 3/10/04
 Signature, typed or printed name of registered agent and title if applicable. (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 KOJUSNER, CLAUDIO 18851 NE 29TH AVE, STE 900 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HORIGIAN, FERNANDO 18851 NE 29TH AVE, STE 900 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOJUSNER, GASTON 18851 NE 29TH AVE, STE 900 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: *[Signature]* FERNANDO HORIGIAN MGRM 3/10/04 786-274-0000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #