2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

1. Entity Nam	e	# L00000005 L ESTATE, LLC			L.	OS NOV 15	PRY OF SI CORPORA	AIE TIONS		
Principal Place 4000 PONCE SUITE 470 CORAL GABLE  2. Principal P	<del>BLV</del> D <del>146</del>									
Suite, Apt.	H RD. 13/-		06072005	Chg-LLC	CR2E083	(10/03)	64) W 14E)			
	<u> </u>	SACH PL	SINASIAN BRACH, 17			4. FEI Number Applied For 65-1041162 Not Applicable				
zíp 33	139	Country DADIZ	zip 33/34	Country DAX	DE	<u>L</u>	of Status Desired	JA Fe	5.00 Add e Required	itional 1
6. Name and Address of Current Registered Agent 7. Name and Address of New Registere Name  Name  **TIPHEH**  **Street Address of New Registered Agent**  **Address of New Registered Agent**  **Name Address of New Registered Agent**  **Address of New Registered Agent**  **Name Address of New Registered Agent**  **Address of New Registered Agent**  **Addre									ent .	11/
MIAMI, FL 33148									236	
City MAM BrACH FL Zip Code 33/39  8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept										
the obligations of registered agent.  SIGNATURE  Signature, typed our state of the state of the state of applicable. (NUJX: Registered Agent signature required when renstating)  DATE										
Filing Fee is \$50.00 - Due by September 7, 2005  Make check payable to Florida Department of State										
9	MGR	MANAGING MEMBE		10.			ADDITION	S/CHANGES		
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11. I hereby certify that the information supplied with this fiting 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 ray 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 AND DIPED THE PROOF SIGNAND MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  Date  Despire Proof 9										