2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

NAME STREET ADDRESS CITY-ST-ZIP

Feb 03, 2005 8:00 am Secretary of State 02-03-2005 90115 039 ****50.00 DOCUMENT # L02000016159 LA PÉDRERA COMPANY, LTD. CO. Mailing Address Principal Place of Business 1443 CAPRI LN 3204 NW 79TH AVE 20007473 MIAMI, FL 33122 US UNIT 5904 US WESTON, FL 33326 01112005 No Chg-LLC CR2F083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 02-0626475 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 1 - 6. Name and Address of Current Registered Agent - -PEREWOZKI, ROSANA DO NOT WRITE 1443 CPRI LN UNIT 5904 WESTON, FL 33326 IN THIS SPACE 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. SIGNATUREL Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGR TITLE PEREWOZSKI, ROSANA NAME STREET ADDRESS 1443 CPRI LN UNIT 5904 CITY-ST-ZIP WESTON, FL 33326 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 infinited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

GUSTAVO MUSYMOWICH TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE FILED