2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT** DOCUMENT # L03000027838 NEW AZUCAR, LLC Principal Place of Business Mailing Address ONE NORTH CLEMATIS STREET, SUITE 200 ONE NORTH CLEMATIS STREET, SUITE 200 WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 DO NOT WRITE IN THIS SPACE

FILED Apr 15, 2005 08:00 AM Secretary of State



02082005 No Chg-LLC CR2E083 (10/03)

Applied For 4. FEI Number 02-0700968 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

TABERNILLA, ARMANDO A ONE NORTH CLEMATIS STREET, SUITE 200 WEST PALM BEACH, FL. 33401

SIGNATURE:

DO NOT WRITE IN THIS SPACE

2/21/05

561-655-6303

Daytime Phone #

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	
Filing Fee is \$50.00 Due by May 1, 2005			
9.	MANAGING MEMBERS/MANAGERS		- '
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST FANJUL, JOSE F ONE NORTH CLEMATIS ST STE 200 WEST PALM BEACH, FL 33401		
TITLE NAME STREET ADDRESS GITY-ST-ZIP	V FANJUL, JOSE F JR ONE NORTH CLEMATIS ST STE 200 WEST PALM BEACH, FL 33401	04/15/05-80080-008 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PFEIFLER, EMILIA FANJUL ONE NORTH CLEMATIS ST STE 200 WEST PALM BEACH, FL 33401	DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
 I hereby of indicated limited lia 	pertify that the information supplied with this filing does not queen this report is true and accurate and that my signature shall billity company or the receiver or trustee on the control of the contr	nalify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information Il have the same legal effect as if made under oath, that I am a managing member or manager of the tile this report as required by Chapter 608, Florida Statutes.	

Jose F. Fanjul, P

AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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