


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L98000000164  
 1. Entity Name  
 ADRIANA SCHAKED TRANSLATIONS LLC



Principal Place of Business      Mailing Address  
 P.O. BOX 630635                      P.O. BOX 630635  
 NORTH MIAMI, FL 33163-0635      NORTH MIAMI, FL 33163

**DO NOT WRITE IN THIS SPACE**



01132005No Chg-LLC      CR2E083 (10/03)

4. FEI Number 65-0818083	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 SCHAKED, ADRIANA  
 3530 MYSTIC POINTE DRIVE  
 AVENTURA, FL 33180

**DO NOT WRITE 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.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
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**

U00000182258  
 01/19/05-80019-019 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHAKED, ADRIANA 3530 MYSTIC POINTE DRIVE AVENTURA, FL 33180
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  DATE: 01/13/05 DAYTIME PHONE #: (305) 933-9595

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