


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 17, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L99000003062

1. Entity Name  
 ANORCA, L.L.C.



Principal Place of Business      Mailing Address

8222 NW SOUTH RIVER DR      8222 NW SOUTH RIVER DR  
 MIAMI, FL 33166                  MIAMI, FL 33166

**DO NOT WRITE IN THIS SPACE**



03112005No Chg-LLC      CR2E083 (10/03)

4. FEI Number 65-0929776	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PEREZ, RAFAEL A  
 201 ALHAMBRA CIRCLE  
 SUITE 702  
 MIAMI, FL 33166

**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**      PR 5/1/21

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASARIEGO, HUMBERTO F 8222 NW SOUTH RIVER DR MEDLEY, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASARIEGO, ORLANDO J 8222 NW SOUTH RIVER DR MEDLEY, FL 33166
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U00000266011  
 03/17/05-80013-006 50.00

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 3-11-05 Daytime Phone # (305) 387-7728

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