

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90058 001 \*\*\*110.00

30004223



02142005 Chg-LLC CR2E083 (10/03)

4. Fee Number 20-2659658 Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

HERNANDEZ, ANGEL  
2828 CORAL WAY, PH 5  
MIAMI, FL 33145

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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

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**

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME TRELCOM DEVELOPMETN, LTD  
STREET ADDRESS 2828 CORAL WAY  
CITY-ST-ZIP MIAMI, FL 33145 ☐ Delete

TITLE MGRM  
NAME TH05 MURANO GRANDE, LLC  
STREET ADDRESS 1492 S MIAMI AVE  
CITY-ST-ZIP MIAMI, FL 33130 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME ☐ Change ☐ Addition

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:

*Angel Hernandez*

**ANGEL HERNANDEZ**  
**VICE PRESIDENT**

3/15/05

(305) 460-9900

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

Date

Daytime Phone #