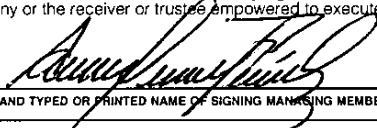


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90376 019 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |                                                              |                                                                                      |                                                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L04000081407</b><br>1. Entity Name<br><b>EMPRESAS Y &amp; V, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                                                              |                                                                                      |  |  |
| Principal Place of Business<br><b>1500 SAN REMO AVENUE, SUITE 125<br/>CORAL GABLES, FL 33146</b>                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                                              | Mailing Address<br><b>1500 SAN REMO AVENUE, SUITE 125<br/>CORAL GABLES, FL 33146</b> |                                                                                   |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 | 3. Mailing Address                                           |                                                                                      |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 | Suite, Apt. #, etc.                                          |                                                                                      |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 | City & State                                                 |                                                                                      |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Country                         | Zip                                                          | Country                                                                              |                                                                                   |  |
| 4. FEI Number<br><b>20-1902370</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                                                              | Applied For<br><input type="checkbox"/> Not Applicable                               |                                                                                   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |                                                              | <b>\$5.00</b> Additional<br>Fee Required                                             |                                                                                   |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |                                                              | 7. Name and Address of New Registered Agent                                          |                                                                                   |  |
| <b>ATRIUM REGISTERED AGENTS, INC.<br/>1500 SAN REMO AVENUE, SUITE 125<br/>CORAL GABLES, FL 33146</b>                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |                                                              | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 |                                                              |                                                                                      |                                                                                   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 | <b>Make check payable to<br/>Florida Department of State</b> |                                                                                      |                                                                                   |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                              | 10. ADDITIONS/CHANGES                                                                |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> 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. |                                 |                                                              |                                                                                      |                                                                                   |  |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |                                                              |                                                                                      |                                                                                   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                                                              | Date Daytime Phone #                                                                 |                                                                                   |  |