2005 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # L03000031694



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

1. Entity Nam 1110 PLA	ZA VENTURE LLC				:	J5-02-2005 9C	101 025	****50.00	U
Principal Place % CARLOS CA 1300 BRICKE MIAMI, FL 33	araballo Ell ave.	Mailing Address % CARLOS CARABALLO 1300 BRICKELL AVE. MIAMI, FL 33133)					I E INE (E N) E I	I E VI III 1EVI
2. Principal Place of Business CO CARLOS CARBALLO		3. Mailing Address Clo CARLOS CARBALLO		_					
1300 BAICKELL AVENUE		Suite, Apt. #, etc. 1300 BRICKELL AVENUE		04182005	Chg-LLC	CR2E08	33 (10/03)		
City & State MIAMI FL		City & State MI4MI FL		4. FEI Number 20-026			<u>_</u>	plied For ot Applicable	
Zip 3313		Zip 3313 1	Count	ry	5. Certificate	of Status Desired		5.00 Add	fitional
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
SANCHEZ, MILAGROS				Name					
1300 BRIC MIAMI, FL				(P.O. Box Numbe	er is Not Acceptabl	е)			
				City			FL	Zip Code	e
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	d office or registe	red agent, or bot	th, in the State of Fl	orida. I am fa	amiliar with,	and accept
_	•								
I SIGNATURE .									
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registered	Agent signature require	d when reinstating)	APPRO delle rive	DATE		
Fi	Signature, typed or printed name of registered agent a illing Fee is \$50.00 ue by May 1, 2005	nd itle if applicable. (NOT	E: Registered	Agent signature require	d when rainstaling)		DATE Ke check pa a Departme	-	e
Fi	iling Fee is \$50.00		E: Registered	Agent signatura require	d when reinstating)		e check pa a Departme	-	e
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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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

STREET ADDRESS

CITY-ST-ZIP

NAME

President. MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

365 351 1000.