


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 29, 2005 8:00 am
Secretary of State

07-29-2005 90082 046 ****50.00

DOCUMENT # L04000091925

1. Entity Name
 ESPIRIT WAY, LLC



Principal Place of Business 7600 RED ROAD SUITE #300 SOUTH MIAMI, FL 33143 US	Mailing Address 7600 RED ROAD SUITE #300 SOUTH MIAMI, FL 33143 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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07252005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-2026906	Applied For Not Applicable
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5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NUNEZ, ALEJANDRO
 250 GIRALDA AVENUE
 CORAL GABLES, FL 33134

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 _____ 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 September 7, 2005

Make check payable to
Florida Department of State


9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AMEDIA, FRANK J 7600 RED ROAD SUITE #300 SOUTH MIAMI, FL 33143 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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.

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

Date _____ Daytime Phone # _____

ATTACHMENT
ATTACHMENT
7600 RED ROAD, STE 300
SOUTH MIAMI, FL 33143

14019055

July 25, 2005

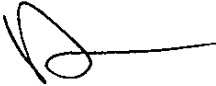
Florida Department of State
Secretary of State Glenda E. Hood
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: ESPIRIT WAY, LLC #104000091925

Dear Sir or Maam:

Attached please find the LLC's annual report form for 2005 and a check payable to the Division of Corporations for \$50. Please consider this report as timely filed due to the fact that we never received the postcard notifying us of the time to file the LLC's annual report.

Sincerely,



Frank J. Amedia
Manager