


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 04, 2004 8:00 am**  
**Secretary of State**

03-04-2004 90073 017 \*\*\*\*50.00

**DOCUMENT # L00000002083**

1. Entity Name  
**LUDOSCA OVERSEAS, L.L.C.**



Principal Place of Business  
**2050 SW 22ND ST., #202  
 MIAMI, FL 33145**

Mailing Address  
**2475 BRICKELL AVE  
 #27-02  
 MIAMI, FL 33129**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.


Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



02182004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**65-0984537**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CUEVAS, ANDREW  
 536 BILTMORE WAY  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2004**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CELIS, LUIS EDUARDO 6955 NW 52ND ST., #201-D MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2050 SW 22nd St., #202 MIAMI FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CELIS, CESAR G 6955 NW 52ND ST., #201-D MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2050 SW 22nd St., #202 MIAMI FL 33145
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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:** *Cesar G. Celis* **CE SAR G. Celis** **2/18/04 305-4681456**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #