## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: X ANDRES MATTICE
SIGNATURE AND TYPED OF PRINTED HAVE OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

## **FILED** May 03, 2005 8:00 am Secretary of State

DOCUMENT # L0000006754  1. Entity Name TORREALTA HOLDINGS, L.L.C.						03-03-2005	90027 049 *****	50.00	
Principal Place	e of Business	Mailing Address	Mailing Address						
520 BRICKEL			520 BRICKELL KEY DR				•		
SUITE 0-305   MIAMI, FL 33131		SUITE 0-305 MIAMI FI 33131	MIAMI, FL 33131						
Intram, ( C 3.	0101	MIN MIN, 1 E 00101				<b>                                    </b>		H <b>arr</b> ia III	
2. Principal Place of Business		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		03252005	Chg-LLC	CR2E083 (10/03	)	
City & State		City & State	City & State		4. FEI Numb		<b>├</b>	Applied For Not Applicable	
Zip	Country	Zip	Zip Coun			5. Certificate of Status Desired 55.00 Additional Fee Required			
	6. Name and Address of Curr	rent Registered Agent	egistered Agent			7. Name and Address of New Registered Agent			
				Name					
520 BRICK	OBAL CORPORATE ADMI KELL KEY DR	INSTRATION, LLC	RATION, LLC Street Address		ess (P.O. Box Numb	(P.O. Box Number is Not Acceptable)			
SUITE 0-3 MIAMI, FL									
,			City			<del></del>	FL Zip Co	de	
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in							orida. I am familiar with	n, and accept	
the obligat	ions of registered agent.		•					•	
SIGNATURE .									
	Signature, typed or printed name of registered	agent and title if applicable. (NC	TE: Registere	ed Agent signature re	equired when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2005							ke check payable to a Department of Sta		
9. MANAGING MEMBERS/MANAGERS			10.			ADDITIONS	/CHANGES		
TITLE	MGR			E		71351116113	Change	☐ Addition	
NAME	MARTINEZ, ANDRES	_ *****	NAME					_	
STREET ADDRESS 520 BRICKELL KEY DR., STE. 3		E. 305							
CITY-ST-ZIP	MIAMI, FL 33131		City	-ST-ZIP					
TITLE	MGR	Delete		E			Change	Addition	
NAME CXXXXX ACRES ACRES	ROJAS, MARCO		NAM	1					
STREET ADDRESS				EET ADDRESS   '-ST-ZIP					
TITLE	WILVER TO TO TO	Поли					☐ Change	- Addition	
NAME		☐ Delete	TITL	1			☐ change	Addition	
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP			CITY	'-ST-ZIP					
TITLÉ		☐ Delete	TITL	£			Change	☐ Addition	
NAME				NE					
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP		·	_	'-ST-ZIP					
TITLE	Defete		TITL				☐ Change	Addition	
NAME STREET ADDRESS	,		NAM STR	EET ADDRESS					
CITY-ST-ZIP				r-ST-ZIP					
TITLE		☐ Delete	TITL	F			☐ Change	Addition	
NAME		- Deserte	NAM				change		
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP			CITA	'-ST-ZIP					
11. I hereby of indicated limited lia	certify that the information supplied on this report is tipe and accurate bility company or the receiver or tr	with this filing does not qualify for that my signature shall have that my signature shall have the empowered to execute this	or the exe e the sam s report a	emption stated e legal effect a s required by 0	in Section 119.07(3 as if made under oat Chapter 608, Florida	)(i), Florida Statutes. h; that I am a mana Statutes	I further certify that the ging member or manage	information ger of the	