
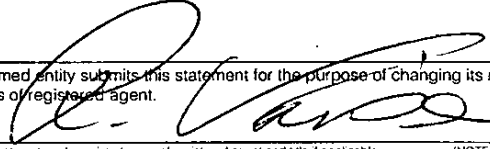
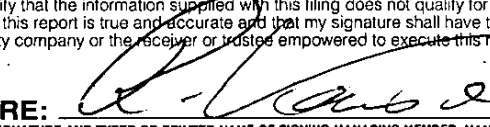


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90179 036 ****50.00

| | | | |
|---|---|--|--|
| DOCUMENT # L00000011309 1. Entity Name LINEASEGUROS, L.L.C. | |  | |
| Principal Place of Business 17000 NORTHWEST 67 AVE., STE. 113 MIAMI LAKES, FL 33015 | | Mailing Address RALF KAISER Q 1785 P.O. BOX 02-5268 MIAMI, FL 33102 | |
| 2. Principal Place of Business 1909 Tyler St Suite, Apt. #, etc. #601 | | 3. Mailing Address 1909 Tyler St. Suite, Apt. #, etc. #601 | |
| City & State Hollywood, FL Zip 33020 | | City & State Hollywood, FL Zip 33020 | |
| Country Broward | | Country Broward | |
| 4. FEI Number 65-1040087 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | 02092005 Chg-LLC CR2E083 (10/03) | |
| 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVE. 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 2/9/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR KAISER, RALF P.O. BOX 02-5268 MIAMI, FL 33102 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GREGORY GREGORY 1909 TYLER ST. #601 HOLLYWOOD, FL 33020 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR KAISER, RALF 1909 TYLER ST. #601 HOLLYWOOD, FL 33020 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR KAISER, RALF 1909 TYLER ST. #601 HOLLYWOOD, FL 33020 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| 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:  | | DATE 2/9/05 DAYTIME PHONE 954-920-2772 | |