


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000011771 1. Entity Name HAUSFELD, LLC	
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Principal Place of Business % MORRIS KIRSCH, C.P.A. 326 71ST STREET MIAMI BEACH, FL 33141	Mailing Address % MORRIS KIRSCH, C.P.A. 326 71ST STREET MIAMI BEACH, FL 33141
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DO NOT WRITE IN THIS SPACE



03312005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1047370	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent KIRSH, MORRIS C.P.A. KIRSH, GIDNEY & COMPANY 326 71ST STREET MIAMI BEACH, FL 33141
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

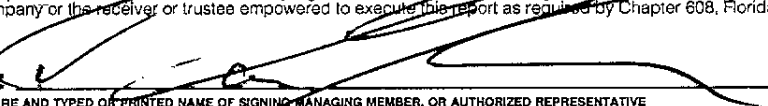
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HAUSFELD, DAVID 376 - 71ST STREET MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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14/14/05-80029-020 50.00

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IN THIS SPACE**

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	3/31/05 <small>Date Daytime Phone #</small>
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