## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 08, 2005 08:00 AM Secretary of State DOCUMENT # L00000011887 1. Entity Name URIBE ENTERPRISES, L.L.C. Principal Place of Business Mailing Address 226 E. FLAGLER ST. 226 E. FLAGLER ST. MIAMI, FL 33131 MIAMI, FL 33131 04052005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1051257 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROJAS, RUBEN DO NOT WRITE 226 E. FLAGLER ST. MIAMI, FL 33131 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) Filing Fee is \$50.00 Due by May 1, 2005 9. MANAGING MEMBERS/MANAGERS MGRM TITLE NAME ROJAS, RUBEN STREET ADDRESS 226 E. FLAGLER ST. CITY-ST-ZIP MIAMI, FL 33131 TITLE NAME U000000294129 STREET ADDRESS 04/08/05-80056-017 50.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

04-05-05 301-577-6441

FILED