## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000012242

1. Entity Name ORIGINAL 1105-65 ENTERPRISES LLC

Principal Place of Business 12900 S.W. 89TH COURT MIAMI, FL 33176

CITY-ST-ZIP

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

Mailing Address

12900 S.W. 89TH COURT MIAMI, FL 33176

## **FILED** Mar 27, 2006 08:00 AM **Secretary of State**



03082006 No Chg-LLC DO NOT WRITE IN THIS SPACE

CR2E083 (11/05)

4. FEI Number 65-1067427 Applied For Not Applicable

5. Cortificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

BERKOWITZ, RICHARD A ONE SOUTHEAST THIRD AVENUE, 15TH FLOOR MIAMI, FL 33131

## DO NOT WRITE IN THIS SPACE

<ol> <li>The above named snlity submits this statement for the purpose of cha the obligations of registered agent.</li> </ol>	nging its registered office or registered agent, or both, in the	ne State of Florida, 1 am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and line II applicable.	(NOTE: Registered Agent signature required when refinitaling)	DATE
Filing Fee is \$50.00 Due by May 1, 2006		

MANAGING MEMBERS/MANAGERS MGRM TITLE GARCIA, ROLANDO B NAME 12900 SW 89TH COURT STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33176 MGRM TITLE GARCIA, MARIA E NAME 12900 SW 89TH COURT STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33176 TITLE NAME STREET ADDRESS City-ST-ZiP TITLE NAME STREET ADDRESS

00000482354 44/11/06-80070-025 **50.00**1 1

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUT