


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 19, 2004 8:00 am**  
**Secretary of State**

05-19-2004 90239 013 \*\*\*\*50.00

**DOCUMENT # L00000013744**

1. Entity Name  
**LASAP, L.L.C.**



Principal Place of Business  
**17971 BISCAYNE BLVD.  
 SUITE 207  
 AVENTURA, FL 33160**

Mailing Address  
**17971 BISCAYNE BLVD.  
 SUITE 207  
 AVENTURA, FL 33160**



2. Principal Place of Business  
**11645 BISCAYNE BLVD.  
 Suite, Apt. #, etc.  
 SUITE 405**

3. Mailing Address  
**11645 BISCAYNE BLVD.  
 Suite, Apt. #, etc.  
 SUITE 405**

05142004 Chg-LLC CR2E083 (10/03)

City & State  
**MIAMI, FLORIDA**

City & State  
**MIAMI, FLORIDA**

4. FEI Number  
**65-1055207**

Applied For  
 Not Applicable

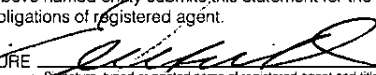
Zip Country Zip Country  
**33181 USA 33181 USA**

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**CUEVAS, ANDREW ESQ.  
 CUEVAS & RUBIN PA  
 536 BILTMORE WAY  
 CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent  
 Name  
**GILBERTO URIBE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**11645 BISCAYNE BLVD.  
 SUITE 405**  
 City **MIAMI** FL Zip Code **33181**

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 **5/1/04**

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by September 8, 2004**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOBON GOMEZ Y CIA S. EN C. 7825 NW 29TH STREET, UNIT 145 DORAL, FL 33122 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLASP, LTDA 7825 NW 29TH ST, UNIT 145 DORAL, FL 33122 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JUAN TOBON 11645 BISCAYNE BLVD. SUITE 405 MIAMI, FL. 33181 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUB-DIRECTOR MARCO ESTEBAN ECHEVERRI 11645 BISCAYNE BLVD. SUITE 405 MIAMI, FL. 33181 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER RICARDO OCAMPO 11645 BISCAYNE BLVD. SUITE 405 MIAMI, FL 33181 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER GILBERTO URIBE 11645 BISCAYNE BLVD. SUITE 405 MIAMI, FL 33181 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **5/1/04** Daytime Phone #

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