

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000014060
 1. Entity Name
 CAC REAL ESTATE, LLC



Principal Place of Business Mailing Address
 14005 NW 186TH ST 14005 NW 186TH ST
 HIALEAH, FL 33018 HIALEAH, FL 33018

DO NOT WRITE IN THIS SPACE



03282005No Chg-LLC CR2E083 (10/03)

| | |
|--|--------------------------------|
| 4. FEI Number 65-1054324 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent
 DALE, CHARLES S
 414 NE 4TH ST
 FT LAUDERDALE, FL 33301-1152

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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 _____
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

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD FERNANDEZ, JOSE L 14005 NW 186 ST HIALEAH, FL 33018 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD HALLEY, IGNACIO 14005 NW 186 ST HIALEAH, FL 33018 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V GARFFER, MICHAEL D 14005 NW 186 ST HIALEAH, FL 33018 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD RIOS, GEORGE E 14005 NW 186 ST HIALEAH, FL 33018 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 03/31/05-80049-011 55.00

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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: George E RIOS Date: 3/28/05 Daytime Phone #: (305)829-0700

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