

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 10, 2004 8:00 am
Secretary of State

DOCUMENT # L00000015320

1. Entity Name

LOS ROQUES L.L.C.

03-10-2004 90187 029 *****50.00

DO NOT WRITE IN THIS SPACE

24018772

2. Principal Place of Business 9591 NW 45 ST Suite, Apt. #, etc.		3. Mailing Address 8550 W Flagler ST Suite, Apt. #, etc. #119		4. FEI Number 65-1062136		Applied For Not Applicable	
City & State Miami, FL.		City & State MIAMI, FLORIDA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
Zip 33178	Country USA	Zip 33144	Country USA				

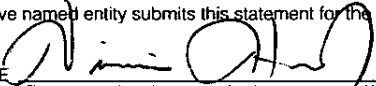
DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name VIVIAN HERNANDEZ	
Street Address (P.O. Box Number is Not Acceptable) 8550 W Flagler ST	
Ste 119	
City Miami	FL Zip Code 33144

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.

SIGNATURE  VIVIAN HERNANDEZ 2/18/04
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager/President COVA, JOSE. L. 9591 NW 45 ST Miami, FL. 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager/Vice-President 9591 NW 45 ST Miami, FL. 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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  JOSE L. COVA

02/18/04