## 2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L01000000008**

TWENTY-FIVE, LLC

SIGNATURE:

SIGNATURE AND TY



Principal Place of Business Mailing Address

2 SOUTH BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131

2 SOUTH BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131

## **FILED** Apr 08, 2004 08:00 AM Secretary of State



01232004No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-1702032

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC. 2 SOUTH BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131

## DO NOT WRITE IN THIS SPACE

		IN THIS STAGE
	named entity submits this statement for the purpose of cha- tions of registered agent.	nging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE_	<del>_</del>	<u></u>
	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstating)  DATE
Filing Fee is \$50.00 Due by May 1, 2004		800000195807 04/08/04-80031-012 50.00
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARBONELL, ANTONIO 1300 SE 17TH ST., STE. 210 FT LAUDERDALE, FL 33316	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STRLET ADDRESS CITY-ST-DP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
HILE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby of indicated limited lia	certify that the information supplied with this filing does not on this report is true and accurate and that my signature shelling company or the receiver or have employered to exact	ualify for the exemption stated in Section 119.07(3)(f), Florida Statutes, I further certify that the information all have the same legal effect as if made under oath, that I am a managing member or manager of the unserted report as required by Chapter 608, Florida Statutes.