


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L01000000669 1. Entity Name RAS, L.L.C. |  |
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|---|--|
| Principal Place of Business 3381 N.W. 97 AVE. MIAMI, FL 33172 | Mailing Address 3389 N.W. 97 AVE MIAMI, FL 33172 |
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04192005No Chg-LLC

CR2E083 (10/03)

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| 4. FEI Number 65-1078866 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent SANCHEZ, SERGIO 3381 N.W. 97 AVE. MIAMI, FL 33172 |
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IN THIS SPACE**

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 _____
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, 2005**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SANCHEZ, SERGIO 17050 N BAY RD. #1207 SUNNY ISLES, FL 33160 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM REY, PABLO 13233 S.W. 43 STREET DAVIE, FL 33330 |
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04/22/05-80076-013 50.00

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IN THIS SPACE**

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:  **4-26-2005 305 436-9220**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #