

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000005669

FILED
Sep 03, 2005
Secretary of State

Entity Name: STRAITS OF FLORIDA, L.L.C.

Current Principal Place of Business:

536 BILTMORE WAY
CORAL GABLES, FL 33134

New Principal Place of Business:

641 NW 60 STREET
MIAMI, FL 33127

Current Mailing Address:

536 BILTMORE WAY
CORAL GABLES, FL 33134

New Mailing Address:

641 NE 60 STREET
MIAMI, FL 33127

FEI Number: 65-1097748 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CUEVAS, ANDREW
536 BILTMORE WAY
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BOZO, EDUARDO
Address: 536 BILTMORE WAY
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: PACHECO, RAUL
Address: 536 BILTMORE WAY
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BOZO, EDUARDO
Address: 641 NW 60 STREET
City-St-Zip: MIAMI, FL 33127

Title: MGRM (X) Change () Addition
Name: PACHECO, RAUL
Address: 641 NW 60 STREET
City-St-Zip: MIAMI, FL 33127

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: EDUARDO BOZO

MGRM

09/03/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date