


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000006076 1. Entity Name ARACIN NACIONAL, L.L.C.	
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Principal Place of Business 11210 N.W. 61 STREET MIAMI, FL 33178	Mailing Address 11210 N.W. 61 STREET MIAMI, FL 33178
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DO NOT WRITE IN THIS SPACE

04202005 No Chg-LLC

CR2E083 (10/03)

4. FEE Number 65-1142919	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

ZOMERFELD, RAYMOND
899 PONCE DE LEON BLVD., SUITE 1045
CORAL GABLES, FL 33134

**DO NOT WRITE
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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARACIN DOS INC. 11210 N.W. 61 STREET MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZOMERFELD, RAYMOND 999 PONCE DE LEON BLVD., SUITE 1045 CORAL GABLES, FL 33134
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04/29/05-80117-019 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)(f), 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:

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

425-05

Date

Daytime Phone #