



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2005 8:00 am
Secretary of State

03-17-2005 90137 014 ****50.00

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|--|--|--|--|---|--|
| DOCUMENT # L01000006837 | | | |  | |
| 1. Entity Name EL ROBLE, L.L.C. | | | | | |
| Principal Place of Business 3004 N.W. 82ND AVE. MIAMI, FL 33122 | | | Mailing Address 3004 N.W. 82ND AVE. MIAMI, FL 33122 | | |
| 2. Principal Place of Business 4851 NW 79 AVE | | 3. Mailing Address 4851 NW 79 AVE | |  | |
| Suite, Apt. #, etc. STE 8 | | Suite, Apt. #, etc. STE 8 | | | |
| City & State MIAMI, FL | | City & State MIAMI, FL | | | |
| Zip 33166 | | Country DADE | | 03112005 Chg-LLC CR2E083 (10/03) | |
| 4. FEI Number 52-2313458 | | Applied For <input type="checkbox"/> Not Applicable | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | 6. Name and Address of Current Registered Agent | |
| FERNANDO FOYE, HERNAN 10101 EAST BAY HARBOR DRIVE SUITE 205 MIAMI, FL 33154 | | | | 7. Name and Address of New Registered Agent | |
| Name | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | | | State FL Zip Code | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM FOYE, RICARDO ENRIQU E 10101 EAST BAY HARBOR DR. MIAMI, FL 33154 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM FERNANDO FOYE, HERNAN 10101 EAST BAY HARBOR DR. MIAMI, FL 33154 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: _____ | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # | | | | | |