2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L01000007641

1. Entity Name
FRANCISCO T. SANZ-ARANCON, L.L.C.

Principal Place of Business	Mailing Address
201 MADEIRA AVE. CORAL GABLES, FL 33134	201 MADEIRA AVE. CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

01042005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BRIZUELA, RAUL
201 MADEIRA AVE.
CORAL GABLES, FL 33134

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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

U00000211458
02/02/05-80119-024 50.00

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGR	
NAME	SANZ ARANCON, FRANCISCO T	
STREET ADDRESS	201 MADEIRA AVE.	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

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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: _____   1/31/05   305-322-858C

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #