


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000008371</b> 1. Entity Name ALVAREZ & RODRIGUEZ, LLC	
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Principal Place of Business 757 N.W. 27TH AVE. SUITE 203 MIAMI, FL 33125	Mailing Address 757 N.W. 27TH AVE. SUITE 203 MIAMI, FL 33125
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01242005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1108067	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  JUAN LUCAS ALVAREZ, P.A. 757 N.W. 27TH AVE. SUITE 203 MIAMI, FL 33125
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**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, 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 ALVAREZ, JUAN L PA 757 NW 27 AVE SUITE 203 MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RODRIGUEZ, JAVIER PA 757 NW 27 AVE SUITE 203 MIAMI, FL 33125
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U00000200443  
01/28/05-80029-015 50.00

**DO NOT WRITE  
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)(l), 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, OR AUTHORIZED REPRESENTATIVE

JUAN LUCAS ALVAREZ

1/25/05

Date

(305) 644 0939

Daytime Phone #