

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L0100009235		
1. Entity Name WATERCREST HOLDINGS, LLC		

Principal Place of Business 14936 SW 104TH STREET #23 MIAMI, FL 33196	Mailing Address 14936 SW 104TH STREET #23 MIAMI, FL 33196
---	---

2. Principal Place of Business 4775 Collins Ave. Suite, Apt. #, etc. 3401	3. Mailing Address 4775 Collins Ave Suite, Apt. #, etc. 3401
City & State Miami, FL	City & State Miami, FL
Zip 33140	Country USA

6. Name and Address of Current Registered Agent LEONARDO, JOSE J ESQ. 12515 N. KENDALL DRIVE SUITE 222 MIAMI, FL 33186	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--	--

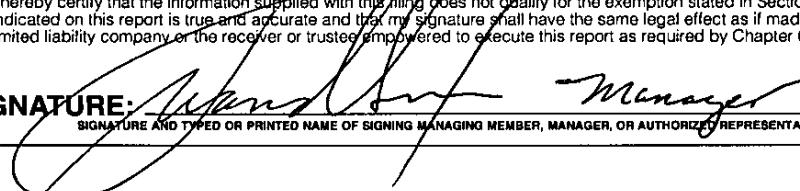
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
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	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE SOSA, JUAN		NAME	
STREET ADDRESS	1110 BRICKELL AVE. SUITE 504		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP	
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIOS, RAFAEL		NAME	
STREET ADDRESS	14936 SW 104TH STREET #23		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33196		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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

**FILED
Mar 21, 2005 8:00 am
Secretary of State**

03-21-2005 90532 022 ****50.00

20023029



02252005 Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1114686

5. Certificate of Status Desired. \$5.00 Additional Fee Required

Date 3/16/05 Daytime Phone # 986-512-9254