

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90183 049 ****50.00

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DOCUMENT # L01000009577 1. Entity Name LARBRO L.C.					
Principal Place of Business 7220 NW 36 ST STE 515 MIAMI, FL 33166			Mailing Address 901 PONCE DE LEON BLVD STE 606 CORAL GABLES, FL 33134		
2. Principal Place of Business 9737 NW 41st Street			3. Mailing Address Suite, Apt. #, etc. Suite 118		
City & State Miami, FL			City & State Miami, FL		
Zip 33178			Country USA		
4. FEI Number 59-5859029			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 LAUCCHIA, MARIO 7220 NW 36 ST STE 515 MIAMI, FL 33166			7. Name and Address of New Registered Agent Name Laricchia, Mario Street Address (P.O. Box Number is Not Acceptable) 9737 NW 41st Street Suite Suite 118 City Miami FL Zip Code 33178		
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 DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	MGR LARICCHIA, MARIO 7220 NW 36 ST STE 515 MIAMI, FL 33166	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LARICCHIA, MARIO 9737 NW 41st Street, Suite 118 Miami, FL 33178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LARICCHIA, MARIO 9737 NW 41st Street, Suite 118 Miami, FL 33178	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LARICCHIA, MARIO 9737 NW 41st Street, Suite 118 Miami, FL 33178	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LARICCHIA, MARIO 9737 NW 41st Street, Suite 118 Miami, FL 33178	<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: Date _____ Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					