

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012096

FILED  
May 31, 2005  
Secretary of State

**Entity Name:** THE VIVAS FAMILY LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

ATTN: PABLO H. VIVAS  
4302 ALTON ROAD, SUITE 100-3  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

ATTN: PABLO H. VIVAS  
4302 ALTON ROAD, SUITE 100-3  
MIAMI BEACH, FL 33140

**New Mailing Address:**

FEI Number: 65-1126457      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

VIVAS, PABLO H  
4302 ALTON ROAD, SUITE 100-3  
MIAMI BEACH, FL 33140      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: P ( ) Delete  
Name: VIVAS, PABLO H  
Address: 4302 ALTON RD #1003  
City-St-Zip: MIAMI BEACH, FL 33141

Title: S ( ) Delete  
Name: VIVAS, CARMEN  
Address: 4302 ALTON RD #1003  
City-St-Zip: MIAMI BEACH, FL 33141

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: PABLO H. VIVAS

P

05/31/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date