

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012420

Entity Name: LIRA HOLDINGS L.C.

FILED
May 03, 2005
Secretary of State

Current Principal Place of Business:

2588 SW 27TH AVE
MIAMI, FL 33133

New Principal Place of Business:

2121 PONCE DE LEON BLVD.
1050
CORAL GABLES, FL 33134

Current Mailing Address:

2588 SW 27TH AVE
MIAMI, FL 33133

New Mailing Address:

2121 PONCE DE LEON BLVD.
1050
CORAL GABLES, FL 33134

FEI Number: 65-1139628 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:

CONSULTING SERVICES OF SOUTH FLORIDA, INC.
2588 SW 27TH AVE
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA, INC.
2121 PONCE DE LEON BLVD.
1050
CORAL GABLES, FL 33134 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: ANTONIO GARCIA

05/03/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: DIAZ, NELSON
Address: 338 MINORCA AVE
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DIAZ, NELSON
Address: 2121 PONCE DE LEON BLVD. SUITE 1050
City-St-Zip: CORAL GABLES, FL 33134

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: NELSON DIAZ

MGR

05/03/2005

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