

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000013093

**FILED**  
**Jan 28, 2005**  
**Secretary of State**

**Entity Name:** LOSARGEN, LLC

**Current Principal Place of Business:**

2801 PONCE DE LEON BLVD  
290  
MIAMI, FL 33134

**New Principal Place of Business:**

2801 PONCE DE LEON BLVD  
290  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2801 PONCE DE LEON BLVD  
290  
MIAMI, FL 33134

**New Mailing Address:**

2801 PONCE DE LEON BLVD  
290  
CORAL GABLES, FL 33134

**FEI Number:** 65-1127349

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FERNANDEZ, JULIO E  
2801 PONCE DE LEON BLVD STE 290  
MIAMI, FL 33134 US

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

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: MGR ( ) Delete  
Name: WENGROVSKI, GUSTAVO J  
Address: 2801 PONCE DE LEON BLVD STE 290  
City-St-Zip: MIAMI, FL 33134

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: WENGROVSKI, GUSTAVO J  
Address: 2801 PONCE DE LEON BLVD STE 290  
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: GUSTAVO J WENGROVSKI

MNGR

01/28/2005

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