


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State


04-04-2005 90431 027 ****50.00

DOCUMENT # L01000013434 1. Entity Name THEROOTH LLC	
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Principal Place of Business 4338 S.W. 8TH ST. MIAMI, FL 33134	Mailing Address 4338 S.W. 8TH ST. MIAMI, FL 33134
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2. Principal Place of Business 1980 NW 81 Ave Suite, Apt. #, etc.	3. Mailing Address 1980 NW 81 Ave. Suite, Apt. #, etc.
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City & State CORAL SPRINGS, FL	City & State CORAL SPRINGS, FL
Zip 33071	Zip 33071



03302005 Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1143916	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 PIRE, IGNACIO JAVIER 4338 S.W. 8TH ST. MIAMI, FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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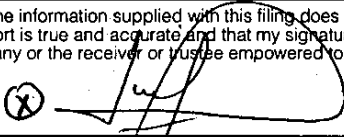
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE	MGR PIRE, IGNACIO JAVIER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PIRE, IGNACIO JAVIER			NAME	PIRE, IGNACIO JAVIER		
STREET ADDRESS	4338 S.W. 8TH ST.			STREET ADDRESS	1980 NW 81 Ave.		
CITY-ST-ZIP	MIAMI, FL 33134			CITY-ST-ZIP	CORAL SPRINGS, FL 33071		
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:  **3/30/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #