

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000014497 1. Entity Name HARAS LUISIANA USA, LLC	
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Principal Place of Business C/O MENDIVE & ASSOCIATES 250 CATALONIA AVE., STE. 705 CORAL GABLES, FL 33134	Mailing Address C/O MENDIVE & ASSOCIATES 250 CATALONIA AVE., STE. 705 CORAL GABLES, FL 33134
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**DO NOT WRITE IN THIS SPACE**



03082005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1138873	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

MENDIVE & ASSOCIATES, P.A.  
 250 CATALONIA AVE., STE. 705  
 CORAL GABLES, FL 33134

**DO NOT WRITE IN THIS SPACE**

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**

1100000314588  
 04/18/05-80172-010 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RINCON, HOLLY S % 250 CATALONIA AVENUE, SUITE 705 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RINCON, HOLLY ANA % 250 CATALONIA AVENUE, SUITE 705 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Holly Ana Rincon      04/13/05      954-4106790

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #