

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000016523

FILED  
Apr 25, 2005  
Secretary of State

Entity Name: LERA, LC

**Current Principal Place of Business:**

4153 NW 132 ST  
MIAMI, FL 33054

**New Principal Place of Business:**

**Current Mailing Address:**

4153 NW 132 ST  
MIAMI, FL 33054

**New Mailing Address:**

FEI Number: 65-1153991

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PAYNE, TODD S ESQ.  
ZEBERSKY & PAYNE, LLP  
4000 HOLLYWOOD BLVD., SUITE 400-NORTH  
HOLLYWOOD, FL 33021 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: MGRM ( ) Delete  
Name: BEKERMAN, LEON  
Address: 4153 NW 132 ST  
City-St-Zip: MIAMI, FL 33054

Title: MGRM ( ) Delete  
Name: CASTILLA, RAUL  
Address: 4153 NW 132 ST  
City-St-Zip: MIAMI, FL 33054

Title: MGRM ( ) Delete  
Name: BEKERMAN, FRENY  
Address: 4153 NW 132 ST  
City-St-Zip: MIAMI, FL 33054

**ADDITIONS/CHANGES:**

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

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: LEON BEKERMAN

MGRM

04/25/2005

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