2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000020109

1. Entity Name
MYLA PROPERTIES, L.C.

Principal Place of Business	Mailing Address
MYLA PROPERTIES P.O. BOX 210162 ROYAL PALM BEACH, FL 33421 PB	FORIERE, ROBERTO 1823 WALDORF DR ROYAL PALM BEACH, FL 33411 PB
2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

05032005   Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
65-1155355	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FORIERE, GRETA 163 SANDPIPER AVE ROYAL PALM BEACH, FL 33411	Name *Foriere, Greta* Street Address (P.O. Box Number is Not Acceptable) *1823 Waldorf Dr.* City *Royal Palm Beach* FL Zip Code *33411*

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

Filing Fee is $50.00 **Due by September 7, 2005**		**Make check payable to** **Florida Department of State**

9. MANAGING MEMBERS / MANAGERS	10. ADDITIONS / CHANGES

TITLE	MGR	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	FORIERE, ROBERTO		NAME		
STREET ADDRESS	1823 WLADORF DR		STREET ADDRESS	*1823 Waldorf Dr.*	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411		CITY-ST-ZIP		

TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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CITY-ST-ZIP			CITY-ST-ZIP		

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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: _____   5-3-05   561-7925893
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #