

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000003137

1. Entity Name  
THE PENTATHLON GROUP, LLC



Principal Place of Business

13 S.W. 7TH STREET  
MIAMI, FL 33130

Mailing Address

13 S.W. 7TH STREET  
MIAMI, FL 33130

**DO NOT WRITE IN THIS SPACE**



01072005No Chg-LLC

CR2E083 (10/03)

4. FEI Number

01-0600729

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LATTERMER, MICHAEL  
13 S.W. 7TH STREET  
MIAMI, FL 33130

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	LATTERNER, MICHAEL
STREET ADDRESS	13 S.W. 7TH STREET
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	MGR
NAME	MARTINEZ, CARLOS EMILIO
STREET ADDRESS	11755 S.W. 90TH STREET, SUITE 210
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000329415  
04/25/05-80117-005 50.00

**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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-5-05 305-372-1266