2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2005
Secretary of State

DOCUMENT# L02000003640

Entity Name: DISCOLMOAN L.L.C.

Current Principal Place of Business:

2121 PONCE DE LEON BLVD.
SUITE 240
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2121 PONCE DE LEON BLVD.
SUITE 240
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 03-0415954 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PRATS, GABRIEL
2121 PONCE DE LEON BLVD.
SUITE 240
CORAL GABLES, FL 33134 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: PTD ( ) Delete
Name: HUASA, JUAN CARLOS
Address: 2121 PONCE DE LEON BLVD. #240
City-St-Zip: CORAL GABLES, FL 33134

Title: S ( ) Delete
Name: HUASA-IANNINI, MONICA
Address: 2121 PONCE DE LEON BLVD. N. 240
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: HUASA, JUAN CARLOS
Address: 2121 PONCE DE LEON BLVD. #240
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR (X) Change ( ) Addition
Name: HUASA-IANNINI, MONICA
Address: 2121 PONCE DE LEON BLVD. N. 240
City-St-Zip: CORAL GABLES, FL 33134

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: JUAN CARLOS HUASA MGR 03/16/2005

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