

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000003780

Entity Name: THE FADE CENTER, LLC

FILED  
May 13, 2005  
Secretary of State

## Current Principal Place of Business:

19509 NW 57 AVENUE  
MIAMI, FL 33055

## New Principal Place of Business:

304 NE 8 STREET  
HOMESTEAD, FL 33030

## Current Mailing Address:

19509 NW 57 AVENUE  
MIAMI, FL 33055

## New Mailing Address:

304 NW 8 STREET  
HOMESTEAD, FL 33030

FEI Number: 20-1221535      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

LIRANZO, ENILDA  
19509 NW 57 AVENUE  
MIAMI, FL 33055      US

## Name and Address of New Registered Agent:

LIRANZO, ENILDA  
304 NE 8 STREET  
HOMESTEAD, FL 33030      US

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: ENILDA CAROLINA LIRANZO

05/13/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR      ( ) Delete  
Name: LIRANZO, ENILDA C  
Address: 19509 NW 57 AVENUE  
City-St-Zip: MIAMI, FL 33055

## ADDITIONS/CHANGES:

Title: MGR      (X) Change      ( ) Addition  
Name: LIRANZO, ENILDA C  
Address: 304 NE 8 STREET  
City-St-Zip: HOMESTEAD, FL 33030

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: ENILDA CAROLINA LIRANZO

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05/13/2005

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