2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000009319

1. *Entity Name*
THE LAUNDRY CORNER, LLC

Principal Place of Business	Mailing Address
201 S. BISCAYNE BLVD, SUITE 1500(LAD) MIAMI, FL 33131	201 S. BISCAYNE BLVD, SUITE 1500(LAD) MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

01062005No Chg-LLC   CR2E083 (10/03)

4. FEI Number		Applied For
01-0670004		Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BOULEVARD, SUITE 1500(LAD)
MIAMI, FL 33131

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 reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2005

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SANCHEZ-JAIMES, JONATHAN
STREET ADDRESS	10300 OLD CUTLER ROAD
CITY-ST-ZIP	CORAL GABLES, FL 33156

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000239016
02/22/05-80025-012 50.00

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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: _____   16 Jan 05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #