


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 11, 2005 8:00 am
Secretary of State

02-28-2005 90041 047 ****55.00

DOCUMENT # L02000010855	
1. Entity Name BAUMANN TEXAS REAL ESTATE, L.L.C.	

Principal Place of Business 9455 N.W. 40TH STREET ROAD MIAMI, FL 33178	Mailing Address C/O IVAN A. GOMEZ 601 BRICKELL KEY DRIVE SUITE 507 MIAMI, FL 33131
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
Country		Country	



02222005 Chg-LLC CR2E083 (10/03)

4. FEI Number 56-2303076	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
BAUMANN, MICHELLE 9455 NW 40 ST. RD. MIAMI, FL 33178

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BAUMANN, HANS 9455 NW 40TH STREET ROAD MIAMI, FL 33178 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Manager MICHELLE BAUMANN 9455 N.W. 40th STREET MIAMI, FLORIDA 33178 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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pd check
#1018 \$55.00
for Certificate
8/9/2005 - copy mailed
to update file. *(Signature)*

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: *(Signature)*

MICHELLE BAUMANN, MANAGER

3/28/2005

305-371-9213

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

Date Daytime Phone #