


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000011140
1. Entity Name
SANTA LUCIA MANAGEMENT, L.L.C.



Principal Place of Business
**5901 S.W. 74TH STREET STE. 400
SOUTH MIAMI, FL 33143**

Mailing Address
**5901 S.W. 74TH STREET STE. 400
SOUTH MIAMI, FL 33143**



02102005 No Chg-LLC CR2E083 (10/03)

4. FEI Number
56-2295034 Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MOLANS, JAMES A
5901 S.W. 74TH STREET STE. 400
SOUTH MIAMI, FL 33143**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RODRIGUEZ, MANUEL 5901 SW 74TH STREET #400 MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/19/05-80056-012 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:  **MANUEL RODRIGUEZ** April 15, 2005 (305) 666-0345

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