




# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90039 007 \*\*\*\*50.00

DOCUMENT # L02000015483					
<b>1. Entity Name</b> EL PASO, LLC					
<b>Principal Place of Business</b> 201 SEVILLA AVE SUITE #202 CORAL GABLES, FL 33134 US			<b>Mailing Address</b> PO BOX 0141873 CORAL GABLES, FL 33134		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> P.O. Box 141873			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Coral Gables, FL			
Zip	Country	Zip 33114	Country		
<b>4. FEI Number</b> 65-1163439				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> SANCHEZ-GALARRAGA, JORGE 1313 PONCE DE LEON BLVD., STE 301 CORAL GABLES, FL 33134			<b>7. Name and Address of New Registered Agent</b>		
SANCHEZ-GALARRAGA, JORGE 1313 PONCE DE LEON BLVD., STE 301 CORAL GABLES, FL 33134			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABRANTE, JOSE A SR PO BOX 0141873 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 141873 Coral Gables, FL 33114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABRANTE, JR, JOSE A PO BOX 0141873 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 141873 Coral Gables, FL 33114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABRANTE, ALBERTO R 9360 S.W. 66TH STREET MIAMI, FL 33173	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 141873 Coral Gables, FL 33114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SERVITUE-MONTULL, LORENZO FRESNO #70, APT 1-B COLONIA PALO ALTO MEXICO DISTRITO FEDERAL, MX, MX	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 141873 Coral Gables, FL 33114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SERVITUE-MONTULL, LORENZO FRESNO #70, APT 1-B COLONIA PALO ALTO MEXICO DISTRITO FEDERAL, MX, MX	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 141873 Coral Gables, FL 33114
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<b>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.</b>					
<b>SIGNATURE:</b>  Jose A. Abrante 4-27-2005 305-445-2610					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					