


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000016819
1. Entity Name
535 SANTANDER, L.L.C.



Principal Place of Business 9404 NW 13 ST., BAY 41 MIAMI, FL 33172	Mailing Address 9404 NW 13 ST., BAY 41 MIAMI, FL 33172
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DO NOT WRITE IN THIS SPACE



04082005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 55-0788070	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FABRE, ERNESTO A
1343 CASTILE AVENUE
CORAL GABLES, FL 33134

**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**

L00000307989
04/15/05-80069-016 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FABRE, ERNESTO 9404 NW 13 STREET BAY # 41 MIAMI, FL 33172
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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: Ernesto Fabre ERNESTO FABRE 4-11-05 305-586-0171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE MGRM. Date Daytime Phone #