

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000017175

Entity Name: BRIWEST, L.L.C.

FILED  
Sep 06, 2005  
Secretary of State

**Current Principal Place of Business:**

5530 NW 161 ST  
HIALEAH, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

5530 NW 161 ST  
HIALEAH, FL 33014

**New Mailing Address:**

FEI Number: 02-0632112      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GUZMAN, MARIO I  
9130 S. DADELAND BLVD 1504  
MIAMI, FL 33156 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KALIK, MANUEL  
Address: BARTOLOME MTRE 2273 CAPITAL FEDERAL 1039  
City-St-Zip: ARGENTINA,

Title: MGRM ( ) Delete  
Name: KALIK, CLARA L  
Address: BARTOLOME MITRE 2273, CAPITAL FEDERAL 1039  
City-St-Zip: ARGENTINA,

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: KALIK MANUEL

MGRM

09/06/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date