

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000017374

Entity Name: MS ASSOCIATES, L.L.C.

FILED  
Jun 29, 2005  
Secretary of State

**Current Principal Place of Business:**

2662 NW 97 AVE  
MIAMI, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

9339 NW 48 DORAL TERR.  
MIAMI, FL 33178

**New Mailing Address:**

FEI Number: 04-3706130      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:**

LOUSTERN, GUILLERMO  
9339 NW 48 DORAL TERR.  
MIAMI, FL 33178      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: MGR      ( ) Delete  
Name: SYLVESTER, MARTA  
Address: 9339 NW 48 TERRACE  
City-St-Zip: MIAMI, FL 33178

Title: MGR      ( ) Delete  
Name: LOUSTEAU HEGUY, GUILLERMO  
Address: 9339 NW 48 TERRACE  
City-St-Zip: MIAMI, FL 33178

**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: GUILLERMO LOUSTEAU

MR.

06/29/2005

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