

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L02000020867</b> 1. Entity Name <b>CUERVO Y SOBRINOS, HABANA LLC</b>	
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Principal Place of Business <b>46 STATE STREET, 3RD FLOOR          ALBANY, NY 12207</b>	Mailing Address <b>46 STATE STREET, 3RD FLOOR          ALBANY, NY 12207</b>
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30000533



01212005 No Chg-LLC      CR2E083 (10/03)

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

6. Name and Address of Current Registered Agent

UCC FILING & SEARCH SERVICES  
 526 E. PARK AVE.  
 TALLAHASSEE, FL 32301

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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	MGR MOLLYLAND INC. TRIDENT CHAMBERS, P.O. BOX 146 RD. TOWN, TORTOLA, BVI,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM S.A.P. SERVIZI & AMMINISTRAZIONI FIOUCIARIE SAGL LUCANNO, SWITZERLAND,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: For and on behalf of MOLLYLAND INC      **16 FEB 2005**

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