2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000024434

1. Entity Name

MUELLE & ASSOCIATES, LLC



FILED Mar 26, 2005 08:00 AM Secretary of State

Principal Place of Business__

Mailing Address

2100 CORAL WAY, STE. 502 MIAMI, FL 33145 2100 CORAL WAY, STE. 502 MIAMI, FL 33145



03232005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-2074699

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MUELLE, ALEJANDRO ESQ. 2100 CORAL WAY, STE. 502 MIAMI, FL 33145

DO NOT WRITE IN THIS SPACE

| | named entity submits this statement for the purpose of cha ions of registered agent. | inging its registered affice or registered agent, or bo | th, in the State of Florida. I am familiar with, and accept |
|---|---|---|---|
| SIGNATURE Signature, typed of printed name of registered agent and title if applicable | | (NOTE Registered Agent signature required when reinstating) | DATE |
| | ling Fee is \$50.00 ue by May 1, 2005 | | |
| 9. | MANAGING MEMBERS/MANAGERS | | |
| TITLE | MGRM | 177 | |
| NAME | MULLE, ERIK A | | |
| STREET ADDRESS | 2100 CORAL WAY, STE. 502 | | |
| CITY-ST-ZIP | MIAMI, FL 33145 | | |
| TITLE | MGRM | | U00000277520 |
| NAME | MULLE, ALEJANDRO | | 03/26/05-80032-013 50.00 |
| STREET ADDRESS | 2100 CORAL WAY, STE. 502 | • | |
| CITY - ST - ZIP | MIAMI, FL 33145 | | |
| TITLE | | | |
| NAME | | | |
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| NAME | 1 | | |
| STREET ADDRESS | | | |

11. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

STREET ADDRESS CITY+ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/23/05

Daytime Phone #