

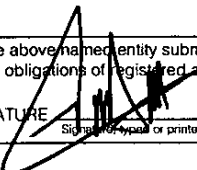
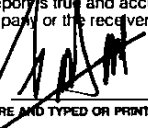


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90030 017 \*\*\*\*55.00

<b>DOCUMENT # L02000031127</b> 1. Entity Name <b>TORREMARE, LLC</b>					
Principal Place of Business <b>160 N.E. 6TH AVENUE DELRAY BEACH, FL 33483 US</b>				Mailing Address <b>160 N.E. 6TH AVENUE DELRAY BEACH, FL 33483 US</b>	
2. Principal Place of Business <b>151 N.E. 5TH AVENUE</b> Suite, Apt. #, etc. <b>151</b>		3. Mailing Address <b>151 N.E. 5TH AVENUE</b> Suite, Apt. #, etc. <b>151</b>		<b>40050180</b> 	
City & State <b>DELRAY BEACH, FL</b> Zip <b>33483</b> Country <b>USA</b>		City & State <b>DELRAY BEACH, FL</b> Zip <b>33483</b> Country <b>USA</b>		4. FEI Number <b>82-0574362</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required				02082005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent  <b>INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE, SUITE 3000 MIAMI, FL 33131</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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  <b>VICTOR CAVALLO - PRESIDENT</b> DATE <b>3/28/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>CARVALLO, VICTOR</b> <b>5341 FISHER ISLAND DRIVE</b> <b>MIAMI, FL 33109</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>CARVALLO, JESUS</b> <b>2700 OAKBROOK LANE</b> <b>WESTON, FL 33332</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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  <b>VICTOR CAVALLO - PRESIDENT</b>				3/28/05 (561) 330.2773	