

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L02000031540

Entity Name: LA PERRADA DE CHALO, LLC

FILED
Nov 03, 2005
Secretary of State

Current Principal Place of Business:

8763 NW 57TH ST
TAMARAC, FL 33351

New Principal Place of Business:

Current Mailing Address:

8763 NW 57TH ST
TAMARAC, FL 33351

New Mailing Address:

FEI Number: 75-3097681

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORTEGON, GONZALO
8763 NW 57TH ST
TAMARAC, FL 33351 US

Name and Address of New Registered Agent:

MILTON, RODRIGUEZ
8763 NW 57TH ST
TAMARAC, FL 33351 US

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: MILTON RODRIGUEZ

11/03/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ORTEGON, GONZALO
Address: 8763 NW 57TH ST
City-St-Zip: TAMARAC, FL 33351

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: RODRIGUEZ, MILTON F
Address: 8763 NW 57TH ST
City-St-Zip: TAMARAC, FL 33351

Title: MGR () Change (X) Addition
Name: SANCHEZ, MARIA X
Address: 8763 NW 57TH ST
City-St-Zip: TAMARAC, FL 33351

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: MILTON RODRIGUEZ

MGR

11/03/2005

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