2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Dec 08, 2005
Secretary of State

DOCUMENT# L02000031540

Entity Name: LA PERRADA DE CHALO, LLC

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:

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

Name and Address of New Registered Agent:

ORTEGON, GONZALO
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: GONZALO ORTEGON 12/08/2005
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: MGR (X) Delete
Name: RODRIGUEZ, MILTON F
Address: 8763 NW 57TH ST
City-St-Zip: TAMARAC, FL 33351

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

ADDITIONS/CHANGES:

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

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: GONZALO ORTEGON MGR 12/08/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date