


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000032257
1. Entity Name
151 E. OKEECHOBEE RD., LLC



Principal Place of Business Mailing Address
780 NORTHWEST LEJEUNE ROAD, SUITE 516 780 NORTHWEST LEJEUNE ROAD, SUITE 516
MIAMI, FL 33126 MIAMI, FL 33126

DO NOT WRITE IN THIS SPACE



04082005 No Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
36-4513919 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PIEDRA, AVRELIO A
780 NW 42ND AVENUE
SUITE 516
MIAMI, FL 33126

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IN THIS SPACE**

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	MGR
NAME	DEL REY, JULIO
STREET ADDRESS	780 NORTHWEST LEJEUNE ROAD, SUITE 516
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	MGR
NAME	DEL REY, MARCIA
STREET ADDRESS	780 NORTHWEST LEJEUNE ROAD, SUITE 516
CITY-ST-ZIP	MIAMI, FL 33126
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/20/05-20064-008 55.00

**DO NOT WRITE
IN THIS SPACE**

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: 

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