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
780 NORTHWEST LEJEUNE ROAD, SUITE 516
MIAMI, FL 33126

Mailing Address
780 NORTHWEST LEJEUNE ROAD, SUITE 516
MIAMI, FL 33126

04082005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-4513919
Applied For
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

DO NOT WRITE 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

100000318581
04/20/05-80064-008 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 #