2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000032268

1. Entity Name
31500 SW 162 AVE., LLC

Principal Place of Business	Mailing Address
3850 SW 87 AVE SUITE 306-A MIAMI, FL 33165 US	3850 SW 87 AVE SUITE 306-A MIAMI, FL 33165 US

03082005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2306023
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, JOSE M
3850 SW 87 AVE., STE 302
MIAMI, FL 33165

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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	CASTELLON, HECTOR
STREET ADDRESS	3850 SW 87 AVE., STE 302
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	MGR
NAME	CASTELLON, MARIA E
STREET ADDRESS	3850 SW 87 AVE., STE 302
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	MGR
NAME	FERNANDEZ, JOSE M
STREET ADDRESS	3850 SW 87 AVE., STE 302
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	MGR
NAME	FERNANDEZ, ANA M
STREET ADDRESS	3850 SW 87 AVE., STE 302
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Jose M. Fernandez 03/07/05 (305)2273366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #