


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90017 007 \*\*\*\*50.00

<b>DOCUMENT #</b> L02000033231	
1. Entity Name <b>FORNARIS, LLC</b>	

Principal Place of Business <b>8891 SW 82 STREET MIAMI, FL 33173</b>	Mailing Address <b>8891 SW 82 STREET MIAMI, FL 33173</b>
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2. Principal Place of Business <b>6201 NW 36 St.</b>	3. Mailing Address <b>6201 NW 36 St.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>Miami, FL</b>	City & State <b>Miami, FL</b>
Zip <b>33166</b>	Country <b>U.S.</b>

00011010



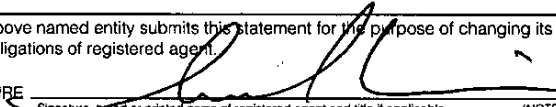
01212005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>30-0135606</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>FORNARIS, SAMUEL 8891 SW 82 STREET MIAMI, FL 33173</b>	7. Name and Address of New Registered Agent Name <b>Fornaris, Samuel</b> Street Address (P.O. Box Number is Not Acceptable) <b>6201 NW 36 St.</b> City <b>Miami</b> FL Zip Code <b>33166</b>
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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.

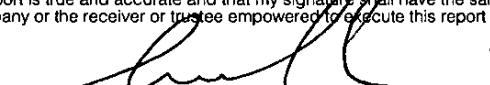
SIGNATURE  DATE **1/27/05**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FORNARIS, SAMUEL 8891 SW 82 STREET MIAMI, FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr. Fornaris, Samuel 6201 NW 36 St. Miami, FL 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **1/27/05** (305) 871 1121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**Samuel Fornaris**