

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 08:00 AM**  
**Secretary of State**

|                                                                |                                                                                   |
|----------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L02000033294</b><br>1. Entity Name<br>MOCCA, LLC |  |
|----------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                 |                                                                     |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Principal Place of Business<br>801 BRICKELL KEY BLVD., #1104<br>MIAMI, FL 33131 | Mailing Address<br>801 BRICKELL KEY BLVD., #1104<br>MIAMI, FL 33131 |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**



03172005 No Chg-LLC

CR2E083 (10/03)

|                                                           |                                |
|-----------------------------------------------------------|--------------------------------|
| 4. FEI Number<br>55-0810139                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

|                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>CABAL, MODESTO<br>801 BRICKELL KEY BLVD., #1104<br>MIAMI, FL 33131 |
|---------------------------------------------------------------------------------------------------------------------------|

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

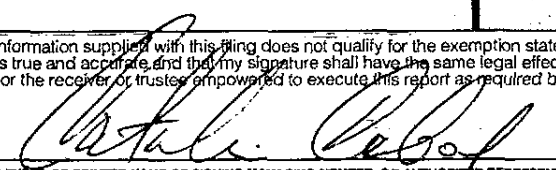
**Filing Fee is \$50.00  
Due by May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS                       |                                                                           |
|----------------------------------------------------|---------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>CABAL, MODESTO<br>801 BRICKELL KEY BLVD., #1104<br>MIAMI, FL 33131 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                           |

100000272008  
03/21/05-80071-011 50.00

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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)(f), 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 # \_\_\_\_\_