

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000033345

Entity Name: LEAL COMMERCIAL, L.L.C.

FILED
Apr 19, 2005
Secretary of State

Current Principal Place of Business:

18851 NE 29TH AV
900
AVENTURA, FL 33180 US

Current Mailing Address:

18851 NE 29TH AV
900
AVENTURA, FL 33180 US

New Principal Place of Business:

18851 NE 29TH AVE
900
AVENTURA, FL 33180 US

New Mailing Address:

18851 NE 29TH AVE
900
AVENTURA, FL 33180 US

FEI Number: 20-0460517

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROTH, LEONARDO A
C/O ROTH, ROUSSO & DARRACH, P.A.
18851 NE 29TH AV, STE 900
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

ROTH, LEONARDO A
18851 NE 29TH AVE
STE 900
AVENTURA, FL 33180 US

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.

SIGNATURE: LEONARDO A ROTH

04/19/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: WAINRIB, ALEJANDRO
Address: 18851 NE 29TH AV, STE 900
City-St-Zip: AVENTURA, FL 33180

Title: MGRM () Delete
Name: AZAR, VALERIA PAOLA
Address: 18851 NE 29TH AV, STE 900
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ALEJANDRO WAINRIB

MGRM

04/19/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date