

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

04-26-2005 90014 036 \*\*\*\*50.00

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT.**

DOCUMENT # L0200003-83	
1. Entity Name ORDUZ LLC	



Principal Place of Business 12801 W. Sunrise Blvd. Sunrise Fl 33323	Mailing Address P.O. BOX 6074 MIAMI BEACH, FL 33141
---	---

20047466



**DO NOT WRITE IN THIS SPACE**

04042005 No Chg-LLC	CR2E083 (10/03)
4. FEI Number 54-2087061	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

B. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	
--	--

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ORDUZ, RICARDO PO BOX 6074 MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ORDUZ, FRANCISCO PO BOX 6074 MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[REDACTED]
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[REDACTED]
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[REDACTED]
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[REDACTED]

**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: Ricardo Orduz (305) 490-4522 Date: 04/17/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #