

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000003096

Entity Name: LOEWE COMPANY LLC

FILED  
Jul 01, 2005  
Secretary of State

**Current Principal Place of Business:**

3322 SW 181 TERRACE  
MIRAMAR, FL 33029 US

**New Principal Place of Business:**

**Current Mailing Address:**

3322 SW 181 TERRACE  
MIRAMAR, FL 33029 US

**New Mailing Address:**

FEI Number: 37-1461514      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

FERMAYER, JULIA  
3322SW 181 TERRACE  
MIRAMAR, FL 33029 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: FERMAYER, MAURICIO  
Address: 3322SW 181 TERRACE  
City-St-Zip: MIRAMAR, FL 33029 US

Title: MGR ( ) Delete  
Name: FERMAYER, JULIA  
Address: 3322 SW 181 TERRACE  
City-St-Zip: MIRAMAR, FL 33029

**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: MAURICIO FERMAYER

MGR

07/01/2005

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