

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000009704

Entity Name: LIMAR I GROUP, LLC

FILED  
Jul 03, 2005  
Secretary of State

**Current Principal Place of Business:**

1118 ALHAMBRA CIR.  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

1118 ALHAMBRA CIR.  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 02-0680810      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:**

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

RADOS, MARIANA C  
1118 ALHAMBRA CIR.  
CORAL GABLES, FL 33134      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: RADOS, MARIANA C  
Address: 1118 ALHAMBRA CIRCLE  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR      ( ) Delete  
Name: CARDONE, LIDIA  
Address: 1118 ALHAMBRA CIRCLE  
City-St-Zip: CORAL GABLES, FL 33134

**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: MARIANA C. RADOS

MGRM

07/03/2005

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