## 2005 LIMITED LIABILITY COMPANY

DO NOT WRITE IN THIS SPACE

## **ANNUAL REPORT**

DOCUMENT # L03000011376

1. Entity Name SAN SOUCI, LLC



Principal Place of Business

16425 COLLINS AVNEUE, APT #2116 SUNNY ISLES, FL 33160 US

Mailing Address

2450 NE MIAMI GARDENS DRIVE 2ND FLOOR

NORTH MIAMI BEACH, FL 33180

CR2E083 (10/03)

**FILED** 

Jan 28, 2005 08:00 AM

**Secretary of State** 

01262005 No Chg-LLC 4. FEI Number

Applied For

20-0544191

Not Applicable \$5.00 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

SUPRASKI, LOUIS A 2450 NE MIAMI GARDENS DRIVE

## DO NOT WRITE

| 2ND FLOOR<br>NORTH MIAMI BEACH, FL 33180                                                              |                                                                                                               |                                                                    | IN THIS SPACE                      |                                                 |  |
|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------------------------------|-------------------------------------------------|--|
|                                                                                                       | named entity submits this statement for the purpose of char<br>tions of registered agent.                     | ging its registered office or re                                   | egistered agent, or both, in the S | tate of Florida. I am familiar with, and accept |  |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable.               |                                                                                                               | (NOTE, Registered Agent signature required when reinstading)  DATE |                                    |                                                 |  |
| Filing Fee is \$50.00<br>Due by May 1, 2005                                                           |                                                                                                               | (100000202693<br>01/28/05-80120-017 50.00                          |                                    |                                                 |  |
| 9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME | MANAGING MEMBERS/MANAGERS MGRM OAKLINE VENTURES LIMITED 16425 COLLINS AVENUE, APT. 2116 SUNNY ISLES, FL 33160 |                                                                    | ·                                  |                                                 |  |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS            |                                                                                                               |                                                                    |                                    | T WRITE<br>S SPACE                              |  |
| CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS                                                              |                                                                                                               |                                                                    |                                    |                                                 |  |

11. I hereby certify that the mormation 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

Daytime Phone #