

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000013168

Entity Name: LAS ESTATES, LLC

FILED
Mar 22, 2005
Secretary of State

Current Principal Place of Business:

2629 S.W. 31ST COURT
MIAMI, FL 33133 US

New Principal Place of Business:

1163 NW 97TH DRIVE
CORAL SPRINGS, FL 33071 US

Current Mailing Address:

2629 S.W. 31ST COURT
MIAMI, FL 33133 US

New Mailing Address:

1163 NW 97TH DR
CORAL SPRINGS, FL 33071 US

FEI Number: 42-1591113

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SMITH, OLEY JACKSON
2629 S.W. 31ST COURT
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

SMITH, COLLEEN A
1163 NW 97TH DRIVE
CORAL SPRINGS, FL 33071 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: COLLEEN A. SMITH

03/22/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: SMITH, OLEY JACKSON
Address: 2629 SW 31ST COURT
City-St-Zip: MIAMI, FL 33133 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SMITH, COLLEEN A
Address: 1163 NW 97TH DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: MGRM () Change (X) Addition
Name: SMITH, LA FOREST A III
Address: 1163 NW 97TH DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071

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: COLLEEN A. SMITH

MGRM

03/22/2005

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