- 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000016639

1. Entity Name

SALZEDO OPERATING LLC



Principal Place of Business

1470 N.W. 107 AVE., STE. C MIAMI, FL 33172

FAMADA, MARTHA MORAN

1470 N.W. 107 AVE., STE. C

MIAMI, FL 33172

TITLE NAME STREET ADDRESS CITY-ST-ZIP Mailing Address 1470 N.W. 107 AVE., STE, C MIAMI, FL 33172

FILED

Jan 10, 2005 08:00 AM Secretary of State

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01062005 No Chg-LLC CR2E083 (10/03)

4. FEI Number		Applied For
42-1593184		Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required	

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 Signalure, typed or printed name of registered agent and fille if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS MGRM TITLE FAMADA, MARTHA M NAME 1470 NW 107 AVE STE C STREET ADDRESS U00000176187 -01/10/05-80082-011 **50.00** CITY-ST-ZIP MIAMI, FL 33172 MGRM TITLE NAME PEREZ, EDŪARDO STREET ADDRESS 1470 NW 107 AVE STE C CRY-ST-ZIP MIAMI, FL 33172 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY - ST - ZIP mu NAME STREET ADDRESS CMY-ST-ZIP

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statules. I further certify that the information indicated on this report is true and accurate and their my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited flability company or the receivery trustee empowered to execute this report as required by Chapter 608, Florida Statules.

SIGNATURE: JAMES OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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