



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90007 018 \*\*\*\*50.00

<b>DOCUMENT # L03000021121</b>					
<b>1. Entity Name</b> MULTI-SPLACA, LLC					
<b>Principal Place of Business</b> 7878B NW 103 STREET HIALEAH, FL 33016 US			<b>Mailing Address</b> 11291 NW 64 TERRACE MIAMI, FL 33178 US		
<b>2. Principal Place of Business</b> 5930 NW 99 Ave Suite, Apt. #, etc. #2		<b>3. Mailing Address</b> 5930 NW 99 Ave Suite, Apt. #, etc. #2			
City & State Doral FL		City & State Doral FL		01122005 Chg-LLC CR2E083 (10/03)	
Zip 33178 Country USA		Zip 33178 Country USA		<b>4. FEI Number</b> 37-1469108	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> JEFFREY E. CAMPION, P.A. 1730 MAIN STREET SUITE 216 WESTON, FL 33326			<b>7. Name and Address of New Registered Agent</b> Name <u>Javier Ripoll</u> Street Address (P.O. Box Number is Not Acceptable) <u>11291 NW 64 Terrace</u> City <u>Miami</u> FL Zip Code <u>33178</u>		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RIPOLL, JAVIER 11291 NW 64 TERRACE MIAMI, FL 33178	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>11. I hereby certify that the information 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.</b>					
<b>SIGNATURE:</b> _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					