

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000021977

Entity Name: TIARA, LLC

FILED  
Apr 19, 2005  
Secretary of State

## Current Principal Place of Business:

789 CHIMNEY RD.  
WESTON, FL 33327

## New Principal Place of Business:

1820 NORTH CORPORATE LAKES BLVD.,  
SUITE 207  
WESTON, FL 33326

## Current Mailing Address:

789 CHIMNEY RD.  
WESTON, FL 33327

## New Mailing Address:

1820 NORTH CORPORATE LAKES BLVD., STE 207  
WESTON, FL 33326

FEI Number: 20-0874531

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

URQUIOLA, JOAQUIN R  
GOLDSTEIN SCHECHTER PRICE, ET AL  
2121 PONCE DE LEON BLVD, STE 1100  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

MARTINEZ, ISABEL R  
1820 NORTH CORPORATE LAKES BLVD.,  
SUITE 207  
WESTON, FL 33326 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: ISABEL MARTINEZ

04/19/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: MARTINEZ, ISABEL  
Address: 789 CHIMNEY RD.  
City-St-Zip: WESTON, FL 33327

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: MARTINEZ, ISABEL  
Address: 1820 NORTH CORPORATE LAKES BLVD., STE 207  
City-St-Zip: WESTON, FL 33326

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: ISABEL MARTINEZ

RA

04/19/2005

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