

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 21, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # L03000022762**

**1. Entity Name  
CANNATA FAMILY, LLC**



**Principal Place of Business  
15461 SW 212 ST.  
MIAMI, FL 33170 US**

**Mailing Address  
15461 SW 212 ST.  
MIAMI, FL 33170 US**



01042005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
20-0256891

**Applied For**  
Not Applicable

**5. Certificate of Status Desired**



**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CANNATA, JAMES C  
14450 SW 216 ST.  
MIAMI, FL 33170**

**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.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**  
MGRM  
CANNATA, JAMES C  
15461 SW 212 ST.  
MIAMI, FL 33170

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**  
MGRM  
CANNATA, NIEVES  
15461 SW 212 ST.  
MIAMI, FL 33170

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

000000320904  
04/21/05-80058-007 50.00

**DO NOT WRITE  
IN THIS SPACE**

**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.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #