


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90054 044 ****50.00

DOCUMENT # L03000023718 1. Entity Name JUNCAL, LLC					
Principal Place of Business 177 OCEAN LANE DR., UNIT 813 KEY BISCAYNE, FL 33149			Mailing Address 177 OCEAN LANE DR., UNIT 813 KEY BISCAYNE, FL 33149		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For. Not Applicable	
6. Name and Address of Current Registered Agent Victor L. Vidal CPA 701 SW 27th Avenue Suite 606 Miami, Florida 33135				7. Name and Address of New Registered Agent Name Victor L. Vidal CPA Street Address (P.O. Box Number is Not Acceptable) 701 SW 27th Avenue Suite 606 City Miami	
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.				\$5.00 Additional Fee Required	
SIGNATURE <i>Victor L. Vidal</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE	
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP	
MGR WATERHOUSE, ENRIQUE 177 OCEAN LANE DR., UNIT 813 KEY BISCAYNE, FL 33149				Change Addition	
MGR BONEO, MARIA 177 OCEAN LANE DR., UNIT 813 KEY BISCAYNE, FL 33149				Change Addition	
Delete				Change Addition	
Delete				Change Addition	
Delete				Change Addition	
Delete				Change Addition	
Delete				Change Addition	
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: <i>X</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
Date					
Daytime Phone #					