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Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90350 018 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000028084

1. Entity Name
WOODPECKERS LLC

Principal Place of Business	Mailing Address
18071 BISCAYNE BLVD. TOWER 3 NORTH # 1102 AVENTURA, FL 33160	18071 BISCAYNE BLVD. TOWER 3 NORTH # 1102 AVENTURA, FL 33160

03092005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
18363 NE 4 court	18363 NE 4 court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: N. Miami Beach FL	City & State: N. Miami Beach FL
Zip: 33179 Country:	Zip: 33179 Country:

4. FEI Number: 20-0223936 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ARANGO, CARLOS E SR.
1475 GARDEN ROAD
WESTON, FL 33326

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

City FL Zip Code

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] 03/11/05
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARANGO, CARLOS E SR. 1475 GARDEN ROAD WESTON, FL 33326	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR URIBE, CARLOS SR. 18071 BISCAYNE BLVD # 1102 AVENTURA, FL 33160	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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: × [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #