


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
05 APR -8 AM 9:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L03000028266</b> 1. Entity Name <b>PIERFRAN INVESTMENTS, L.L.C.</b>					
Principal Place of Business <b>5302 NW 106TH COURT MIAMI, FL 33178</b>			Mailing Address <b>5001 S. UNIVERSITY DR. K FORT LAUDERDALE, FL 33328</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BERNSTEIN, MARK 5001 S. UNIVERSITY DR. #1C FORT LAUDERDALE, FL 33328</b>			Name <b>Juan Vicente Urdaneta</b> Street Address (P.O. Box Number is Not Acceptable) <b>2655 LeJeune Rd, # 507</b> <b>Coral Gables</b> <b>FL</b> Zip Code <b>33134</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.					
SIGNATURE <i>Juan Vicente Urdaneta</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <b>3/22/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CASCARANO, GIUSEPPE		NAME		
STREET ADDRESS	5302 NW 106TH COURT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33178		CITY-ST-ZIP		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CASCARANO, FRANCISCO		NAME		
STREET ADDRESS	5302 NW 106TH COURT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33178		CITY-ST-ZIP		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AZPURUA, RODRIGO		NAME		
STREET ADDRESS	5302 NW 106TH COURT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33178		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>Juan Vicente Urdaneta</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE</small>			DATE <b>3/22/05</b> DAYTIME PHONE # <b>305-28-1319</b> <i>Atty in fact</i>		