
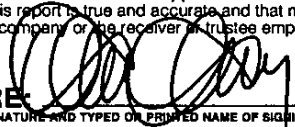


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000028522 1. Entity Name ASIA MINOR, LLC			
Principal Place of Business 2300 CORAL WAY, STE 200 MIAMI, FL 33145		Mailing Address 2300 CORAL WAY, STE 200 MIAMI, FL 33145	
2. Principal Place of Business 150 Alhambra Circle Suite, Apt. #, etc. 925		3. Mailing Address 150 Alhambra Circle Suite, Apt. #, etc. 925	
City & State Coral Gables, FL Zip 33134 Country Dade		City & State Coral Gables, FL Zip 33134 Country Dade	
4. FEI Number 20-0861172		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DADE CORPORATE SERVICES, INC. 2300 CORAL WAY, STE 103 MIAMI, FL 33145		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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	MGR LOPEZ-CANTERA, CARLOS 2199 PONCE DE LEON BLVD, STE 200 CORAL GABLES, FL 33145 <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 150 Alhambra Circle, Suite 925 Coral Gables, FL 33134
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	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 		Date 4/28/05 Daytime Phone # 305-856-0056	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			

FILED

05 MAY -2 PM 5:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04192005 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-0861172

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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LOPEZ-CANTERA, CARLOS
2199 PONCE DE LEON BLVD, STE 200
CORAL GABLES, FL 33145 ☐ Delete

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STREET ADDRESS
CITY - ST - ZIP

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SIGNATURE 

Date **4/28/05** Daytime Phone # **305-856-0056**

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