

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-22-2005 90074 012 ****55.00

DOCUMENT # L03000029511					
1. Entity Name CRESPERA TRES, LLC					
Principal Place of Business 1120 S. POWERLINE RD, STE. 201 POMPANO BEACH, FL 33069			Mailing Address 1120 S. POWERLINE RD, STE. 201 POMPANO BEACH, FL 33069		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	02152005 Chg-LLC CR2E083 (10/03)	
4. FEI Number APPLIED FOR 20-2913128				Applied For ☒ Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CABRERA, LUIS M 1120 S. POWERLINE RD, STE. 201 POMPANO BEACH, FL 33069				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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
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	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	CRESPO, FERNANDO		NAME		
STREET ADDRESS	464 W. PALM AIRE DR		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33069		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	CRESPO, MARIA		NAME		
STREET ADDRESS	464 W. PALM AIRE DR		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33069		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	CRESPO, OSCAR		NAME		
STREET ADDRESS	464 W. PALM AIRE DR		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33069		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	CRESPO, JAVIER		NAME		
STREET ADDRESS	464 W. PALM AIRE DR		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33069		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ 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)(b), 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 60B, Florida Statutes.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
				Date _____ Daytime Phone _____	

