

2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90016 036 \*\*\*\*50.00

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|--|---|---|--|--|--|
| <b>DOCUMENT # L03000029688</b>   |   |   |  |  |  |
| <b>1. Entity Name</b><br>TUCUMAN, LLC  |   |   |  |  |  |
| <b>Principal Place of Business</b><br>4610 NW 79 AVE, #1-D<br>EL DORAL, FL 33166   |   |   | <b>Mailing Address</b><br>4610 NW 79 AVE, #1-D<br>EL DORAL, FL 33166 |  |  |
| <b>2. Principal Place of Business</b><br>4500 NW 79 AV.<br>Suite, Apt. #, etc.<br>2-A  |   | <b>3. Mailing Address</b><br>4500 NW 79 AV.<br>Suite, Apt. #, etc.<br>2-A |  | % B, / , , , , . 5 2 4 4 9 &   |  |
| <b>City &amp; State</b><br>Miami, FL   |   | <b>City &amp; State</b><br>Miami, FL                                      |  | <b>4. FEI Number</b><br>56-2408237   |  |
| <b>Zip</b><br>33166  |   | <b>Country</b><br>DADE  |  | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b><br>HEREDIA, JOSE A<br>4610 NW 79 AVE, #1-D<br>EL DORAL, FL 33166  |   |   |  | <b>7. Name and Address of New Registered Agent</b><br>Name <u>Heredia, Jose A.</u><br>Street Address (P.O. Box Number is Not Acceptable)<br>4500 NW 79 AV. APT. 2-A<br>City <u>Miami</u> <u>FL</u> Zip Code <u>33166</u> |  |
| <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.</b><br>SIGNATURE <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>02/19/05</u>   |   |   |  |  |  |
| Filing Fee is \$50.00<br>Due by May 1, 2005  |   |   | Make check payable to<br>Florida Department of State                 |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   |   |  | <b>10. ADDITIONS/CHANGES</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>HEREDIA, JOSE A<br>4610 NW 79 AVE, #1-D<br>EL DORAL, FL 33166        | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | MGR<br>Heredia, Jose A<br>4500 NW 79 AVE APT. 2-A<br>Miami, FL 33166   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>DIAZ, NORA FANY<br>4610 NW 79 AVE, #1-D<br>EL DORAL, FL 33166        | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | MGR<br>DIAZ NORA FANY<br>4500 NW 79 AVE APT. 2-A<br>MIAMI, FL 33166  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>HEREDIA, RAMIRO ADRIAN<br>4610 NW 79 AVE, #1-D<br>EL DORAL, FL 33166 | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | MGR<br>HEREDIA, RAMIRO ADRIAN<br>4500 NW 79 AVE APT. 2-A<br>MIAMI, FL 33166  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>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 606, Florida Statutes.</b> |   |   |  |  |  |
| <b>SIGNATURE</b> <u>[Signature]</u><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |   |   | Date <u>02/19/05</u> 305 5277947<br>Daytime Phone #                  |  |  |