

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000036009

1. Entity Name
CHRISTY'S ESTATES LLC



Principal Place of Business
**3518 NORTH WEST 36TH STREET
MIAMI, FL 33142**

Mailing Address
**3518 NORTH WEST 36TH STREET
MIAMI, FL 33142**



02172005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2397532	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	Not Applicable <input type="checkbox"/>

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**WILHAM & ASSOCIATES, INC.
3518 NORTH WEST 36TH STREET
MIAMI, FL 33142**

**DO NOT WRITE
IN THIS SPACE**

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)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WILHAM & ASSOCIATES, INC.
STREET ADDRESS	3518 NORTH WEST 36TH STREET
CITY - ST - ZIP	MIAMI, FL 33142

TITLE	MGRM
NAME	COLLAZO, HIRAM
STREET ADDRESS	3518 NW 36 STREET
CITY - ST - ZIP	MIAMI, FL 33142

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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STREET ADDRESS	
CITY - ST - ZIP	

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02/21/05-80088-016 55.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

02-16-05

Date

305-634-6070
Daytime Phone #