


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90119 043 ****50.00

DOCUMENT # L03000040939			
1. Entity Name SANTA MARTA, L.L.C.		Principal Place of Business 10300 SW 72 STREET SUITE 318 MIAMI, FL 33173	
2. Principal Place of Business		3. Mailing Address 10300 SW 72 STREET SUITE 318 MIAMI, FL 33173	
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	
INTEGRAL BUSINESS AND INVESTMENTS, INC. 10300 SW 72 ST., #4700 - 318 MIAMI, FL 33173		Name <u>SAME</u> Street Address (P.O. Box Number is Not Acceptable) <u>10300 SW 72 ST. #318</u> City <u>MIAMI</u> FL Zip Code <u>33173</u>	
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 filer if applicable.</small>		DATE _____ <small>(FILER: Registered Agent signature required when changing)</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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANTA LUCIA DEVELOPMENT CORP. 10300 SW 72 ST., #4700 - 318 MIAMI, FL 33173 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SAME</u> <u>SAME</u> <u>10300 SW 72 ST. #318</u> <u>SAME</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM INTEGRAL BUSINESS AND INVESTMENTS, INC. 10300 SW 72 ST., #4700 - 318 MIAMI, FL 33173 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SAME</u> <u>SAME</u> <u>10300 SW 72 ST. #318</u> <u>SAME</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date: <u>1-25-05</u> <small>Date to Print on</small>	