

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90536 010 ****55.00

20023241



03102005No Chg-LLC

CR2E083 (10/03)

| | |
|--|--|
| 4. FEI Number 58-2677360 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | |

DO NOT WRITE IN THIS SPACE

3. Name and Address of Current Registered Agent

VALENCIA, NELLY
8855 COLLINS AVE #705
MIAMI BEACH, FL 33154

Nelly Valencia
1331 Brickell Bay Dr
#1908
Miami, Fl. 33131

**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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: *3-14-05*

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

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|------------------------------|
| TITLE | MGRM |
| NAME | VALENCIA, NELLY A |
| STREET ADDRESS | 8855 COLLINS AVENUE, NO. 705 |
| CITY-ST-ZIP | MIAMI BEACH, FL 33154 |
| TITLE | Nelly Valencia/MGRM. |
| NAME | 1331 Brickell Bay Dr #1908 |
| STREET ADDRESS | Miami, Fl. 33131 |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**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)(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: *[Signature]*

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

Date

Daytime Phone #

Nelly Valencia

305-649-4242