

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90022 032 \*\*\*\*50.00

**DOCUMENT # L03000048560**

1. Entity Name  
INV. LUMIRT, LLC



Principal Place of Business  
260 CRANDON BLVD., SUITE 32  
KEY BISCAINE, FL 33149

Mailing Address  
260 CRANDON BLVD., SUITE 32  
KEY BISCAINE, FL 33149

**14016872**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04222005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

20-2669981

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

ARIAS, RICARDO J  
5255 NW 165 ST  
MIAMI, FL 33014

7. Name and Address of New Registered Agent

Name **SAN ROMAN, AMILCAR**

Street Address (P.O. Box Number is Not Acceptable)

**260 CRANDON BLVD. STE. 32 # 81**

City **KEY BISCAINE** **FL** Zip Code **33149**

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**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME SAN ROMAN, AMILCAR  
STREET ADDRESS 260 CRANDON BLVD., SUITE 32  
CITY-ST-ZIP KEY BISCAINE, FL 33149

TITLE MGRM ☐ Delete  
NAME INVERSORA LUMIRT SOCIEDAD ANONIMA  
STREET ADDRESS 260 CRANDON BLVD., SUITE 32  
CITY-ST-ZIP KEY BISCAINE, FL 33149

TITLE MGRM ☒ Delete  
NAME DACARET, EMILIO  
STREET ADDRESS 12979 SW 29 COURT  
CITY-ST-ZIP MIRAMAR, FL 33027

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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)(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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**4/22/05**