

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000051062

Entity Name: FLORIDA DISPLAYS L.L.C.

FILED  
Apr 06, 2005  
Secretary of State

## Current Principal Place of Business:

338 MINORCA AVE.  
CORAL GABLES, FL 33134

## New Principal Place of Business:

1890 NW 7 AVE  
MIAMI, FL 33136

## Current Mailing Address:

338 MINORCA AVE.  
CORAL GABLES, FL 33134

## New Mailing Address:

1890 NW 7 AVE  
MIAMI, FL 33136

FEI Number: 20-0472722

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GABLES REGISTERED AGENTS CORPORATION  
338 MINORCA AVE.  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

DAUBAR, ROBERTO  
1890 NW 7 AVE  
MIAMI, FL 33136 US

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.

SIGNATURE: ROBERTO DAUBAR

04/06/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: DAUBAR, ROBERTO  
Address: 8330 SW 2ND ST  
City-St-Zip: MIAMI, FL 33144

Title: MGR ( ) Delete  
Name: AQUINO, JOSE A  
Address: 1542 PALERMO AVE  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ROBERTO DAUBAR

PD

04/06/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date