2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Feb 07, 2005 8:00 am Secretary of State 02-07-2005 90282 016 ****50.00

<u>1-21-05</u>

Date

305 441 -9400 Daytime Phone # 12350

1. Entity Nam	WENT # LU3UUU ESTCHESTER, LLC				02-07-2003 90	J282 U10	30.	.00		
	e of Business NA PLAZA, 7TH FLOOR ES, FL 33134		Mailing Address 55 ALHAMBRA PLAZA, 7TH FLOOR CORAL GABLES, FL 33134					76	7 	
2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		01202005	Chg-LLC	CR2E08	3 (10/03)		
City & State	9	City & State	City & State		4. FEI Numb 20-055		Applied For Not Applicable			
Zip	Country	Zip	Country	y	5. Certificate of Status Desired \$5.00 Additional Fee Required					
	6. Name and Address of Co	urrent Registered Agent	ent Name			7. Name and Address of New Registered Agent				
PADRON, CARLOS E 2 ALHAMBRA PLAZA, SUITE 860 VILA, PADRON & DIAZ, P.A.				Street Address (P.O. Box Number is Not Acceptable)						
CORAL GA	ABLES, FL 33134							T =		
				City FL Zip Code						
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 same of rengiered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
Filing Fee is \$50.00 Due by May 1, 2005						1	check pa Departmet	-	20 20 20 20 20 20 20 20 20 20 20 20 20 2	
9.			10.			ADDITIONS/				
TITLE NAME			title Name				ļ	☐ Change	☐ Addition	
STREET ADDRESS	55 ALHAMBRA PLAZA, 7T	H FLOOR		ADDRESS						
CITY-ST-ZIP	CORAL GABLES, FL 3313	<u></u>	CITY-S	ST-ZIP						
TITLE	☐ Delete		TITLE					Change	Addition	
NAME CTOCET ADDRESS			NAME	ADDRESS						
STREET ADDRESS CITY-ST-ZIP			CITY-S							
TITLE			TITLE	_ 				☐ Change	Addition	
NAME			NAME					_		
STREET ADDRESS				ADDRESS						
CITY-ST-ZIP			CITY-S	51-217				Cl Channe	☐ Addition	
TITLE NAME			TITLE NAME			•		☐ Change	E) Apprilion	
STREET ADDRESS				ADORESS						
CITY-ST-ZIP			CITY-5	ST-ZIP						
TITLE	_ 25,5,5		TITLE					☐ Change	Addition	
NAME			NAME	T 4000ECC						
STREET ADDRESS CITY-ST-ZIP			CITY-S	T ADDRESS ST-ZIP						
TITLE		☐ Delete	TITLE					Change	Addition	
NAME			NAME	l l						
STREET ADDRESS				T ADDRESS						
CITY-ST-ZIP	L		CITY-S		N 418 8515	V2 - 13- 20 - 1	f. also "	6 . th at 15 - 7	-fat:	
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.										