## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

## FILED Apr 16, 2005 08:00 AM Secretary of State

Daytime Phone #

		100.010.		Secretary of State	
1. Entity Nam	MENT # L03000054	924			
Principal Plac	e of Business	Mailing Address			
21053 SW 103 PLACE 21053 SW 103 PLACE					
		MIAMI, FL 33189			
				1 (2010) 511 52122 1117 5211 5017 6017 6017 6017 6018 6011 6167	
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				03262005No Chg-LLC	
			CE	4. FEI Number Applied For	
				20-0518421   Not Applicable	
				<b>e</b> F 00 a 488	
		- <del></del>	-	5. Certificate of Status Desired Fee Required	
	6. Name and Address of Current I	Registered Agent	T	<del></del>	
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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.					
				, and the second second	
SIGNATURE					
Signature, typed or printed name of registered agent and fille if applicable. (INOTE. Registered Agent signature required when/renstating).					
Filing Fee is \$50.00 Due by May 1, 2005					
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9MANAGING MEMBERS/MANAGERS					
TITLE	MGRM		1	ì	
NAME	AHUJA, EDUARDO		Į.		
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11. I hereby o	certify that the information supplied with	his filing does not qualify for the exe	emption stated in Se	ction 119.07(3)(i), Florida Statules, I further certify that the information	
11. I heraby certify that the information supplied with this filling 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 tristee empowered to execute this report as required by Chapter 608, Florida Statutes.					