

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Mar 24, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # L03000055591**

1. Entity Name  
CBT HOLDINGS, LLC



Principal Place of Business

3000 N.W. 125 STREET  
MIAMI, FL 33167

Mailing Address

3000 N.W. 125 STREET  
MIAMI, FL 33167

**DO NOT WRITE IN THIS SPACE**



03162005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
20-0661178

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**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, 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**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	LENSI, ALBERTO
STREET ADDRESS	3000 N.W. 125 STREET
CITY-ST-ZIP	MIAMI, FL 33167
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000275158  
03/24/05-80037-011 50.00

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

Date

Daytime Phone #

KARIN WEISSON

3/18/05

(305) 769 5723