2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 15, 2005 08:00 AM Secretary of State

DOCUMENT # L03000055842 Secretary of State Secretary of State Secre							Ahi	13, 2003 1	JO.UU .
AST IN 79 AVE SUITE # 5 SUITE #	1. Entity Nar	ne	649				Se	ecretary o	f State
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country To Coun	4811 NW 79 SUITE # 5	9 AVE	4811 NW 79 AVE Suite # 5				I s 11080 (186 11 08) 11 86 11	(1) 30/3 5 3 /31 (1) 3 /31 (1) (1)	1 (11)
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SERRANO, CESAR E ### AND	City & Sta	te	City & State					1 -	
SERRANO, CESAR E 4811 NW 79 AVE SUITE # 5 MIAMM, FL 33166 City FL Zip Code 6. The above named entity signifies this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fordia. I am familiar with, and accept the obligations of registerized agent. SIGNATURE: Filling Fee is \$50.00 Filling Fee is \$50.00 Plorfer paysolis for the purpose of changing its registered diffice or registered agent, or both, in the State of Fordia. I am familiar with, and accept the obligations of registerized agent. Filling Fee is \$50.00 Filling Fee is \$50.00 Plorfer paysolis for the purpose of paysolis for the registerized form registerized agent, or both, in the State of Fordia. I am familiar with, and accept the formation of registerized agent, or both, in the State of Fordia. I am familiar with, and accept the formation of registerized agent, or both, in the State of Fordia. I am familiar with, and accept the formation of registerized agent, or both, in the State of Fordia. I am familiar with, and accept the formation of registerized agent, or both, in the State of Fordia. I am familiar with, and accept the formation of registerized agent, or both, in the State of Fordia. I am familiar with, and accept the formation of registerized agent, or both, in the State of Fordia. I am familiar with, and accept the formation accepted for registerized agent, or both, in the State of Fordia. I am familiar with, and accept the formation accepted for registerized agent, or both, in the State of Fordia. I am familiar with, and accept the formation accepted with the filling acceptance of the formation accepted with the filling does not changing member or managing member o	Zip	Country	Zip	Cour	ntry	5. Certificate	e of Status Desired		
### Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current I	Registered Agent		Name	7. Name and	d Address of New I	Registered Agent	
MAMI, FL 33166 City FL Zip Code 8. The above names entity eighting this statement for the purpose of changing its registered office or registered agent, or both. In the State of Florida. I san familiar with, and accept the obligations of registered agent. SIGNATURE: Filling Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS (MANAGERS 10. ADDITIONS (CHANGES) IN HIGH CHANGES ON-ST-ZP MAMI, FL 33166 10. ADDITIONS (CHANGES) ADDITIONS (CHANGES) IN HIGH CHANGES ON-ST-ZP MAMI, FL 33166 ON-ST-ZP MIAMI, FL 33166 ON-ST-ZP MIAMI, FL 33165 ON-ST-ZP FILL MAR SIRET MORES ON-ST-ZP MAMI, FL 33164 ON-ST-ZP ORAL GABLES, FL 33134 ON-ST-ZP TILL MAK STRET MORES ON-ST-ZP ON-ST-ZP ON-ST-ZP TILL MAK STRET MORES ON-ST-ZP ON-ST-ZP ON-ST-ZP ON-ST-ZP ON-ST-ZP ON-ST-ZP ON-ST-ZP ON-ST-ZP TILL MAK STRET MORES ON-ST-ZP TILL MAK STRET MORES ON-ST-ZP ON-ST-ZP ON-ST-ZP ON-ST-ZP ON-ST-ZP ON-ST-ZP TILL OLdes MAE ON-ST-ZP ON-ST-	4811 NW	79 AVE			Street Address (P.O. Box Numb	per is Not Acceptabl	e)	
8. The above named entity suggests this statement for the purpose of changing its registered agent, or both, in the State of Ficrida. I am familiar with, and accept the colligations of registered agent. SIGNATURE: SIGNATURE Synuth, sport or presenting showers agent agent agent agent, or both, in the State of Ficrida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Ficrida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Ficrida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Ficrida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Ficrida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Ficrida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Ficrida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Ficrida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Ficrida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Ficrida. I am familiar with, and accept the colligations of the state of the colligations of the colligations of the colligations of the state of the colligations of the colligat					<u> </u>				
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Due by May 1, 2005 MANAGING MEMBERS / MANAGERS INLE	SIGNATURE	Signature, typed or printed name of registered agent a	nd filte if applicable . (NOTE	: Registerê	d Agent signature required	when reinstating)		DAYE	
TITLE MAKE SERRANO, CESAR E SIRET ADDRESS GIV-ST-ZIP MAMI, FL 33166 MIAMI, FL 3316 MIAMI, FL 331	Filing Fee is \$50.00 Due by May 1, 2005					S ur	Mal Florid	te check payable to a Department of Sta	te.
NAME SERRANO, CESAR E SIREST ADDRESS (AST 1 NW 79 AVE SUITE # 5 OF STATE ADDRESS (CITY-ST-7P) NAME SIREST ADDRESS (CITY-ST-7P) NAME	9.		RS/MANAGERS	10.			ADDITIONS	/CHANGES	
TITLE MMGR HOOVER, JONH JR STRET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134 TITLE NAME STRET ADDRESS CITY-ST-ZIP TITLE N	NAME STREET ADDRESS	SERRANO, CESAR E 4811 NW 79 AVE SUITE # 5	Delete	NAM STRE	E EFT ADDRESS	·		_ •	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Thereby certify that the information supplied with this filing does not gluatify 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: O4/12/05 305-592-6559.	NAME STREET ADDRESS		□ Delete	NAM STRE	E ET ADDRESS	·		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not gitalify for the exemption stated in Section 119.07(3)(f), 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: O4/12/05 305-592-6559.	NAME STREET ADDRESS		☐ Delete	NAM STRE	ET ADDRESS			☐ Change	☐ Addition
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