

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90119 025 \*\*\*\*50.00

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<b>DOCUMENT # L03000056606</b>					
1. Entity Name SIDONIA VIEW HOLDINGS, LLC					
Principal Place of Business 201 ALHAMBRA CIR, STE 502 CORAL GABLES, FL 33134			Mailing Address 201 ALHAMBRA CIR, STE 502 CORAL GABLES, FL 33134		
2. Principal Place of Business		3. Mailing Address <b>P.O. BOX 14340</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>CORAL GABLES, FL.</b>		4. FEI Number <b>APPLIED FOR 20-1250040</b>	
Zip	Country	Zip <b>33114</b>	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ARVESU, MANUEL M 201 ALHAMBRA CIR, STE 502 CORAL GABLES, FL 33134			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TOYOS, WALDO 201 ALHAMBRA CIRCLE #502 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TOYOS, WALDO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 837 LORCA ST. CORAL GABLES, FL 33134		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TOYOS, III, WALDO 201 ALHAMBRA CIRCLE #502 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TOYOS, III, WALDO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 837 LORCA ST. CORAL GABLES, FL 33134		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Waldo Toyos III</i>		TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE: <b>WALDO TOYOS III</b>			
		Date: <b>4/28/05</b>		Daytime Phone #: <b>305-442-9222</b>	