

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000001555

Entity Name: NOVEAU, LLC

FILED  
Apr 29, 2005  
Secretary of State

## Current Principal Place of Business:

15067 SW 103 TERR, APT. 14103  
MIAMI, FL 33196

## New Principal Place of Business:

2 NE 40 ST  
101  
MIAMI, FL 33137

## Current Mailing Address:

15067 SW 103 TERR, APT. 14103  
MIAMI, FL 33196

## New Mailing Address:

2 NE 40 ST  
ORANGE CAFE  
MIAMI, FL 33137

FEI Number: 20-0567207

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TOVAR, ILEANA ARIAS ESQ  
ARIAS TOVAR & ASSOCIATES, P.A.  
WESTON TOWN CTR, 1725 MAIN ST, STE 209  
WESTON, FL 33326 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: ELGUEZABAL, GAIXKANDER  
Address: 15067 SW 103 TERR, APT. 14103  
City-St-Zip: MIAMI, FL 33196

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: ELGUEZABAL, GAIXKANDER  
Address: 615 NE 22 ST APT 908  
City-St-Zip: MIAMI, FL 33137

Title: MGR ( ) Change (X) Addition  
Name: MONACO, PATRICIA  
Address: 615 NE 22 ST APT 908  
City-St-Zip: MIAMI, FL 33137

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: GAIXKANDER ELGUEZABAL

MGR

04/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date