


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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**FILED**  
**May 25, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90027 004 \*\*\*\*55.00

<b>DOCUMENT # L04000003871</b> 1. Entity Name <b>PEQUENA HABANA 1 LLC</b>																																									
Principal Place of Business <b>601 BRICKELL KEY DR, STE 604 MIAMI, FL 33131</b>			Mailing Address <b>601 BRICKELL KEY DR, STE 604 MIAMI, FL 33131</b>																																						
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																						
City & State			City & State																																						
Zip		Country		Zip																																					
Country		Country		03182005 Chg-LLC CR2E083 (10/03)																																					
4. FEI Number <b>72-1578320</b>				Applied For <input type="checkbox"/> Not Applicable																																					
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent <b>ALVARO CASTILLO B., P.A. 1390 BRICKELL AVE, STE 200 MIAMI, FL 33131</b>																																					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																									
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>		9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:45%;">NAME</td> <td style="width:40%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td><b>MGR DIAZ, GENARO</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>601 BRICKELL KEY DR, STE 604</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>MIAMI, FL 33131</b></td> <td></td> </tr> </table>		TITLE	NAME	Delete <input type="checkbox"/>	NAME	<b>MGR DIAZ, GENARO</b>		STREET ADDRESS	<b>601 BRICKELL KEY DR, STE 604</b>		CITY-ST-ZIP	<b>MIAMI, FL 33131</b>																									
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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 606, Florida Statutes.																																									
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <b>4/25/05</b> Daytime Phone # <b>(305) 860-3091</b>																																					