

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90595 027 ****50.00

DOCUMENT # L04000007241																									
1. Entity Name TRASWOOD INVESTMENTS, LLC																									
Principal Place of Business 3811 NW 2ND AVENUE MIAMI, FL 33127			Mailing Address 3811 NW 2ND AVENUE MIAMI, FL 33127																						
2. Principal Place of Business 513 NE 38 STREET		3. Mailing Address 513 NE 38 STREET																							
Suite, Apt. #, etc.		Suite, Apt. #, etc.																							
City & State Miami, FL		City & State Miami, FL		4. FEI Number 34-2030851																					
Zip 33137		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																					
6. Name and Address of Current Registered Agent TRASOBARES, ALEJANDRO C 3811 NW 2ND AVENUE MIAMI, FL 33127		7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Trasobares, Alejandro C</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td colspan="2" style="padding: 2px;">513 NE 38 STREET</td> </tr> <tr> <td colspan="2" style="padding: 2px;">City</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Miami</td> </tr> <tr> <td colspan="2" style="padding: 2px;">State</td> </tr> <tr> <td colspan="2" style="padding: 2px;">FL</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Zip Code</td> </tr> <tr> <td colspan="2" style="padding: 2px;">33137</td> </tr> </table>				Name		Trasobares, Alejandro C		Street Address (P.O. Box Number is Not Acceptable)		513 NE 38 STREET		City		Miami		State		FL		Zip Code		33137	
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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)																									
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	MGR TRASOBARES, ALEJANDRO C 3811 NW 2ND AVENUE MIAMI, FL 33127	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Trasobares, Alejandro C 513 NE 38 STREET Miami, FL 33137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOOD, GREGORY M 3811 NW 2ND AVENUE MIAMI, FL 33127	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Wood, Gregory M 517 NE 38 STREET MIAMI, FL 33137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																				
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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 608, Florida Statutes.																									
SIGNATURE: Alejandro C. Trasobares																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																									
Date: 3/09/05				Daytime Phone #: 305-794-6072																					