2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)

ANNUAL NEPUNI (AN)					
DOCUMENT # L04000010105					FILED SECRETARY OF STATE DIVISION OF CORPORATIONS
NUNEZ-BŖAVO HOLDINGS, L.L.C.					05 MAR 14 AM 10: 46
Principal Place of Business Mailing Address			- '		40 Mil 14 Mil 10: 40
8504 SW 8TH STREET MIAMI FL 33144		8504 SW 8TH STREET MIAMI FL 33144			(AMERICAN MIN MANIN MANIN MANIN MARIN MARIN MANIN (1981) 44 (4) (1) (1) (1) (2) (2) (4) (4)
2. Principal Place of Business		3. Mailing Address	3. Mailing Address Suite, Apt. #, etc.		
Suite, Apt. #, etc.			City & State		1st MOORE CR2E083 (10/04) 4. FEI Number Applied For
City & State					Not Applicable
Zip	Country Zip Co		Coun	try	5. Certificate of Status Desired Status Desired Fee Required
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent
NUNEZ, PEDRO R					P.O. Box Number is Not Acceptable)
	SW 8TH STREET			o <u>roorvaarooo</u> v	
,	1			City	FL Zip Code
8. The above named entity submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Am familiar with, and accept the obligations of registered agent.					
SIGNATURE Signature, typed or primited name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE					
FILE NOW!!!: FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9.	MANAGING MEI	MBERS/MANAGERS	10.	<u> </u>	ADDITIONS/CHANGES
TITLE	MGRM	☐ Delete	THTLE		Change Addition
	NUNEZ, PEDRO R		NAM	· 1	_
	8504 SW 8TH STREET MIAMI FL 33144			ET ADDRESS -ST-ZIP	
TITLÉ		☐ Delete	TITLE	E	Change Addition
NAME STREET ATTITUDESS			NAM	E Et address	300047495593 03/01/0501038001 **350.00
CITY-ST-ZIP				-ST-ZIP	37000 001 37000,00
TITLE		☐ Delete	TETLE	ŀ	Change Addition
STREET ADDRESS	Carl Carlotte Marie Carlotte C	والمستقيد والمنتان المناسي المناس	NAM STRE	ET ADDRESS	مني الدينية والمستقدم بيانا الرياد فينطوا بالمع ليادل الاحد بينيسياد الهاات
CITY-ST-ZIP			CITY	-ST-ZIP	
TITLE NAME		☐ Delete	TITLE	1	Change Addition
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP			CITY	-ST-ZIP	
TITLE NAME		Detete	1 TITLI NAM		Change Addition
STREET ADDRESS			1	ET ADDRESS	
CITY-ST-ZIP			CITY	-ST-ZIP	
TITLE		Delete	TITL		☐ Change ☐ Addition
NAME STREET ADDRESS			NAM STRE	ET ADDRESS	
CITY-ST-ZIP				'- ST- ZIP	
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: (1) 305-267-7730					
SIGNATURE: ONLY TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone I					