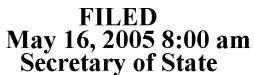
## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE



Daytime Phone #

Date

DOCUMENT # L04000015057  1. Entity Name LLA INVESTMENTS & PROPERTY MANAGEMENT, LLC					05-16-2005 90040 036 ****50.00			
Principal Place of Business 14359 MIRAMAR PARKWAY SUITE 221 MIAMI, FL 33027 US		Mailing Address 14359 MIRAMAR PARKWAY SUITE 221 MIAMI, FL 33027 US			I BINI SIEN COM GOM COM	7 <b>8</b> 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<b>1631</b> 1 18 6 <b>16</b> 1	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04052005	Chg-LLC	CR2E083 (10/03	)	
City & State		City & State		4. FEI Numb		1	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desired	S5.00 A	dditional red	
	6. Name and Address of Current F	Name	7. Name and Address of New Registered Agent					
NUNEZ, LEONARDO 14359 MIRAMAR PARKWAY SUITE 221				Street Address (P.O. Box Number is Not Acceptable)				
MIAMI, FL	33027		City			<b>□</b> Zip Co	de	
9 The above	named entity submits this statement for	the purpose of changing its		stered agent or be	oth in the State of Flo			
	tions of registered agent.	the purpose of changing its	registered direct of regis	stered agent, or oc	ALI, III III O SIAID OI I IC	Jinga. Fam tamiliai wili	i, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent as	nd little if applicable. (NOT	E: Registered Agent signature requ	uired when reinstating)		. DATE		
	W F i- 650.00				Mak	e check payable to		
Filing Fee is \$50.00 Due by May 1, 2005			t			Department of Sta		
9.	MANAGING MEMBER	RS/MANAGERS	10.		ADDITIONS/			
NAME STREET ADDRESS CITY-ST-ZIP	MGRM NUNEZ, LEONARDO 14359 MIRAMAR PARKWAY, SU MIRAMAR, FL 33027	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition		
TITLE NAME STREET ADDRESS	MGRM NUNEZ, LAZARA A 14359 MIRAMAR PARKWAY, SU	☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	☐ Addition	
CITY-ST-ZIP	MIRAMAR, FL 33027	CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
indicatéd	certify that the information supplied with f on this report is true and accurate and ability company or the receiver or frustee	that my signature shall have	the same legal effect as	if made under oat	h; that I am a manag	I further certify that the ging member or mana	information ger of the	