


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2005 8:00 am
Secretary of State

01-19-2005 90025 018 ****50.00

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1. Entity Name
 DEL VALLE INVESTMENTS, L.L.C.



Principal Place of Business Mailing Address

~~2717 PONCE DE LEON BLVD~~ ~~2717 PONCE DE LEON BLVD~~
~~CORAL GABLES, FL 33134~~ ~~CORAL GABLES, FL 33134~~

2. Principal Place of Business 3. Mailing Address

2600 S. Douglas Rd. 2600 S. Douglas Rd.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 PH-6 PH-6

City & State City & State

Coral Gables FL Coral Gables FL

Zip Country Zip Country

33134 33134



01132005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent

DE VARONA, SERGIO
 304 PALENNO AVENUE
 CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name Jose I. PADIAL

Street Address (P.O. Box Number is Not Acceptable)
 2600 S. Douglas Rd. PH-6

City Coral Gables FL Zip Code 33134

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 *[Signature]* Jose I. PADIAL DATE 1-13-05

Signature, typed or printed name of registered agent and title if applicable. (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	MGRM <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROLINA DIAZ LAVIE, MARIA	NAME	2600 S. Douglas Rd. PH-6
STREET ADDRESS	2717 PONCE DE LEON BLVD	STREET ADDRESS	CORAL GABLES FL 33134
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ M., AGUSTIN	NAME	2600 S. Douglas Rd. PH-6
STREET ADDRESS	2717 PONCE DE LEON BLVD	STREET ADDRESS	CORAL GABLES FL 33134
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-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: *[Signature]* Agustín Perez 1/13/05 305-4438010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #