
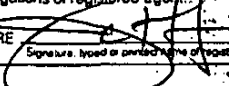
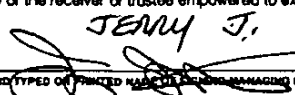


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/ **FILED**
May 13, 2005 8:00 am
Secretary of State

04-20-2005 90038 029 ****50.00

DOCUMENT # L04000016980					
1. Entity Name LOS SUENOS, LLC					
Principal Place of Business 432 S BABCOCK ST MELBOURNE, FL 32901		Mailing Address 432 S BABCOCK ST MELBOURNE, FL 32901			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0816460	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>			5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent FRESE, GARY B 930 S HARBOR CITY BLVD, STE 505 MELBOURNE, FL 32901			7. Name and Address of New Registered Agent Name JAMES H. FALLACE Street Address (P.O. Box Number is Not Acceptable) 1900 S. HICKORY ST SUITE A City MELBOURNE FL Zip Code 32901		
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 		DATE 5-11-05		(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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
		MGR JERRY J. PEZZEMINTI JR 432 S. BABCOCK ST MELBOURNE FL 32901			
		MGR ALEXANDER PEZZEMINTI 432 S. BABCOCK ST MELBOURNE FL 32901			
			<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
			<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
			<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
			<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
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: 		DATE: 4/15/2005		Daytime Phone #: 321-728-0651	
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT, MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					