

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90037 010 \*\*\*\*55.00

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<b>DOCUMENT # L04000018574</b> 1. Entity Name <b>LENTEJA MANAGEMENT, LLC</b>					
Principal Place of Business <b>C/O COMMERCEBANK, NA, TRUSTEE-ANTONY PEREA</b> <b>220 ALHAMBRA CIR, PENTHOUSE SUITE</b> <b>CORAL GABLES, FL 33134</b>			Mailing Address <b>C/O COMMERCEBANK, NA, TRUSTEE-ANTONY PEREA</b> <b>220 ALHAMBRA CIR, PENTHOUSE SUITE</b> <b>CORAL GABLES, FL 33134</b>		
2. Principal Place of Business <b>COMMERCEBANK TRUST COMPANY</b> Suite, Apt. #, etc. <b>220 Alhambra Circle, 11 Flr</b> City & State <b>Coral Gables, FL</b> Zip Country <b>33134 USA</b>		3. Mailing Address <b>COMMERCEBANK TRUST COMPANY</b> Suite, Apt. #, etc. <b>220 Alhambra Circle, 11 Flr</b> City & State <b>Coral Gables, FL</b> Zip Country <b>33134 USA</b>		04122005 Chg-LLC CR2E083 (10/03)	
4. FEI Number				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent <b>CFRA, LLC</b> <b>CORPORATE CENTER THREE AT INT'L PLAZA</b> <b>4221 W. BOY SCOUT BLVD, 10TH FLOOR</b> <b>TAMPA, FL 33607-5736</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>				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) _____ DATE _____	
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>		9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		10. ADDITIONS / CHANGES TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		MGR <b>COMMERCEBANK TRUST COMPANY, N.A.</b> <b>220 ALHAMBRA CIRCLE, 11 TH FLOOR</b> <b>CORAL GABLES, FL 33134</b>			
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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.					
<b>SIGNATURE:</b> <u>Anthony Perea</u> <b>Anthony Perea</b> <u>4/15/05</u> <u>(305) 460-8589</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					