

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000019827

Entity Name: 46 ACRES, LLC

FILED
Apr 21, 2005
Secretary of State

Current Principal Place of Business:

C/O JOSE R. BOSCHETTI
2901 SW 8 STREET, STE. 204
MIAMI, FL 33135

Current Mailing Address:

C/O JOSE R. BOSCHETTI
2901 SW 8 STREET, STE. 204
MIAMI, FL 33135

New Principal Place of Business:

C/O JOSE R. BOSCHETTI
1200 PONCE DE LEON BOULEVARD, 1ST FLOOR
CORAL GABLES, FL 33134

New Mailing Address:

C/O JOSE R. BOSCHETTI
1200 PONCE DE LEON BOULEVARD, 1ST FLOOR
CORAL GABLES, FL 33134

FEI Number: 20-0982321

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOSCHETTI, JOSE R
C/O JOSE R. BOSCHETTI
2901 SW 8 STREET, STE. 204
MIAMI, FL 33135 US

Name and Address of New Registered Agent:

BOSCHETTI, JOSE R
C/O JOSE R. BOSCHETTI
1200 PONCE DE LEON BOULEVARD, 1ST FLOOR
CORAL GABLES, FL 33134 US

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.

SIGNATURE: JOSE R BOSCHETTI

04/21/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: BOSCHETTI, JOSE R
Address: 1200 PONCE DE LEON BOULEVARD, 1ST FLOOR
City-St-Zip: CORLA GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JOSE R BOSCHETTI

MGR

04/21/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date