2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jun 17, 2005 8:00 am Secretary of State

DOCUMENT # L04000022461 t. Entity Name PISCES HOLDINGS, LC						06-17-2005 90	0160 020 ****5	50.00
Principal Place of Business Mailing Address 1901 BRICKELL AVENUE, B-2014 1901 BRICKELL AVENUE, B			B.2014			20060	1307	
MIAMI, FL 33		MIAMI, FL 33129	., D-2014		(IETHEN EU			Maral III frai
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06012005	Chg-LLC	CR2E083 (10/03	s)	
City & State		City & State			4. FEI Numb	114086	—	Applied For Vot Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired	S5.00 A	
	6. Name and Address of Current	Registered Agent		Nama	7. Name and	Address of New Re	gistered Agent	
BEFELER, GEORGE				Name				
80 SOUTHWEST 8TH STREET, SUITE 3100 MIAMI, FL 33130			8	Street Address	(P.O. Box Numb	er is Not Acceptable)		
				City			El Zip Co	nde
8. The above	named entity submits this statement fo	r the purpose of changing its re		· · · · · · · · · · · · · · · · · · ·	ared agent, or bo	th, in the State of Flori	FL	
the obligati	ions of registered agent.							
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Ag	gent signature require	ed when reinstating)		DATE	
Fil	Signature, typed or printed name of registered agent ling Fee is \$50.00 by September 7, 2005	and title if applicable. (NOTE:	Registered Ag	gent signature require	ad when reinstating)		Check payable to Department of Sta	
Fil	ling Fee is \$50.00		Registered Ag	gent signature require	ed when reinstating)		check payable to Department of Sta	
Fill Due to	ling Fee is \$50.00 by September 7, 2005		10. TITLE	MGI	₹	Florida ADDITIONS/C	check payable to Department of Sta	1te
Fil Due b	ling Fee is \$50.00 by September 7, 2005	RS/MANAGERS	10.	MGI JOS 190	R SE NUIL	ADDITIONS/C A FUENTES KELL AVE.	check payable to Department of Sta HANGES	1te
9. TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE	ling Fee is \$50.00 by September 7, 2005	RS/MANAGERS	10. TITLE NAME STREET A CITY-ST-	ADDRESS 190 -ZIP MIN	R SE NUIL D1 BRIC AMI, FL	ADDITIONS/C A FUENTES KELL AVE. 33129	check payable to Department of Statement of	e K Addition
9. TITLE NAME STREET ADDRESS CHY-ST-ZIP	ling Fee is \$50.00 by September 7, 2005	RS/MANAGERS	10. TITLE NAME STREET A CITY-ST-	ADDRESS 190 -ZIP MIN MGI JOS ADDRESS 190	R SE NUIL O1 BRIC AMI, FL R SE RICA O1 BRIC	ADDITIONS/O A FUENTES KELL AVE. 33129 RDO NUILA KELL AVE.	check payable to Department of Sta HANGES Change #B-2014	e K Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ling Fee is \$50.00 by September 7, 2005	RS/MANAGERS	10. TITLE NAME STREET A CITY-ST- TITLE NAME STREET A	ADDRESS 190 -ZIP MIN MGI JOS ADDRESS 190	R SE NUIL D1 BRIC AMI, FL R SE RICA	ADDITIONS/O A FUENTES KELL AVE. 33129 RDO NUILA KELL AVE.	check payable to Department of Sta HANGES Change #B-2014	Addition
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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 of the same tender of 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 of the same tender of 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 of the same legal effect as if made under oath; that I am a managing member or manager of the

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

ONE INNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

JOSE NUILA FUENIES

04/06/05

Daytime Phone #