

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000024882

FILED
Apr 28, 2005
Secretary of State

Entity Name: PUNTA DORADA PHASE V, LLC

Current Principal Place of Business:

9220 S.W. 72ND STREET
SUITE 101
MIAMI, FL 33173 US

New Principal Place of Business:

Current Mailing Address:

9220 S.W. 72ND STREET
SUITE 101
MIAMI, FL 33173 US

New Mailing Address:

FEI Number: 20-0941718 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOTITZKY, HAL
223 TAYLOR STREET
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

RAMOS, HECTOR
9220 SW 72 ST # 101
MIAMI, FL 33173 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: HECTOR RAMOS 04/28/2005

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

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

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

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

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: RAMOS, HECTOR
Address: 9220 SW 72 ST # 101
City-St-Zip: MIAMI, FL 33173

Title: MGR () Change (X) Addition
Name: AZPURUA, ALBERTO
Address: 9220 SW 72 ST # 101
City-St-Zip: MIAMI, FL 33173

Title: MGR () Change (X) Addition
Name: NUNEZ, PEDRO
Address: 9220 SW 72 ST # 101
City-St-Zip: MIAMI, FL 33173

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: HECTOR RAMOS MGR 04/28/2005

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