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Secretary of State

04-29-2005 90055 044 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000025370

1. Entity Name
LASSO LLC

30008626

Principal Place of Business	Mailing Address
3375 SW 3RD AVENUE MIAMI, FL 33145	3375 SW 3RD AVENUE MIAMI, FL 33145

04142005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
782 NW 42 Ave	782 NW 42 Ave.
Suite, Apt. #, etc. 555	Suite, Apt. #, etc. 555
City & State Miami, FL	City & State Miami, FL
Zip 33126 Country USA	Zip 33126 Country USA

4. FEI Number 20-1572571 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CABRERA, ANTONIO J JR.
782 NW 42 AVENUE, SUITE 555
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name: Same
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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
Signature, typed or printed name of registered agent and title if applicable. (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	MGRM CABRERA, ANTONIO J JR 3375 SW 3RD AVENUE MIAMI, FL 33145	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Cabrera, Antonio JR. 782 NW 42 Ave. # 555 Miami, FL 33126.	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: ______________________________ (305) 445-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #