


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90071 038 ****50.00

DOCUMENT # L04000030168					
1. Entity Name LA VEREDITA II, LLC					
Principal Place of Business 1132 KANE CONCOURSE, LEVEL TWO BAY HARBOR ISLAND, FL 33154			Mailing Address 1132 KANE CONCOURSE, LEVEL TWO BAY HARBOR ISLAND, FL 33154		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 56-2453997	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GARCIA, EDUARDO J STE 200 GRAND BAY PLAZA 2665 S BAYSHORE DR MIAMI, FL 33133			7. Name and Address of New Registered Agent Name: Juan A. Figueroa, P.A., C.P.A. Street Address (P.O. Box Number is Not Acceptable): 1428 Brickell Avenue, Suite 206 City: Miami FL Zip Code: 33131		
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 <input checked="" type="checkbox"/> <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			DATE <input checked="" type="checkbox"/> 1/10/05		
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	MGR MEMUN, ABRAHAM 1132 KANE CONCOURSE, LEVEL TWO BAY HARBOR ISLAND, FL 33154	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SALAME, SIMON 1132 KANE CONCOURSE, LEVEL TWO BAY HARBOR ISLAND, FL 33154	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <input checked="" type="checkbox"/> <i>[Signature]</i> ABRAHAM MEMUN 01/25/05 305 865 1929 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		