

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000032608

**FILED**  
**Sep 02, 2005**  
**Secretary of State**

**Entity Name:** FALLA INVESTMENTS, LLC

**Current Principal Place of Business:**

1541 BRICKELL AVE, STE 402  
MIAMI, FL 33129

**New Principal Place of Business:**

**Current Mailing Address:**

1541 BRICKELL AVE, STE 402  
MIAMI, FL 33129

**New Mailing Address:**

**FEI Number:** 20-1072715      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CUEVAS, ANDREW ESQ  
CUEVAS & ORTIZ, P.A.  
536 BILTMORE WAY  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

PABLO, MARTINEZ  
1541 BRICKELL AVE, STE 402  
MIAMI, FL 33129 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: PABLO MARTINEZ

09/02/2005

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MAESTRO INVESTMENTS., LLC  
Address: 1541 BRICKELL AVE, STE 402  
City-St-Zip: MIAMI, FL 33129

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MAESTRO- PABLO MARTINEZ

MGR

09/02/2005

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