

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000036476

FILED
Jan 16, 2005
Secretary of State

Entity Name: SUAREZ ASSETS MANAGEMENT, LLC

Current Principal Place of Business:

1240 OLDE DOUBLOON DRIVE
VERO BEACH, FL 32963

New Principal Place of Business:

Current Mailing Address:

1240 OLDE DOUBLOON DRIVE
VERO BEACH, FL 32963

New Mailing Address:

FEI Number: 56-2466170

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SOTO, OSVALDO N
2151 S LEJEUNE ROAD, SUITE 310
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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:

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: MGRM () Change (X) Addition
Name: SUAREZ, ALBERTO F MGRM
Address: 1240 OLDE DOUBLOON DRIVE
City-St-Zip: VERO BEACH,, FL 32963 US

Title: MGRM () Change (X) Addition
Name: SUAREZ, CYNTHIA J MGRM
Address: 1240 OLDE DOUBLOON DRIVE
City-St-Zip: VERO BEACH, FL 32963 US

Title: MGRM () Change (X) Addition
Name: SUAREZ, SCOTT A MGRM
Address: 1240 OLDE DOUBLOON DRIVE
City-St-Zip: VERO BEACH, FL 32963 US

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: ALBERTO F. SUAREZ

MGRM

01/16/2005

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