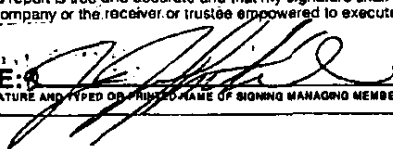


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
4/ May 16, 2005 8:00 am
Secretary of State

04-13-2005 90216 048 ****55.00

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DOCUMENT # L04000042579			
1. Entity Name LOS OLIVOS PROPERTIES, L.L.C.			
Principal Place of Business 9737 N.W. 41ST ST, APT 428 MIAMI, FL 33178		Mailing Address 9737 N.W. 41ST ST, APT 428 MIAMI, FL 33178	
2. Principal Place of Business 3970 ADRA AVE		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State DORAL, FL		City & State MIAMI, FL	
Zip 33178	Country	Zip	Country
6. Name and Address of Current Registered Agent MONTIEL, JOSE J 9737 N.W. 41ST ST, APT 428 MIAMI, FL 33178		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3970 ADRA AVE City DORAL FL Zip Code 33178	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
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 MONTIEL, JOSE J 9737 N.W. 41ST ST, APT 428 MIAMI, FL 33178	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP 3970 ADRA AVE DORAL FL 33178	☒ 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
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
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: 		Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			