

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

05-04-2005 90035 007 \*\*\*150.00  
L04000044729

**FILED**

05 OCT 10 PM 3:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
20056774

10/12/05

|                                     |  |
|-------------------------------------|--|
| <b>DOCUMENT # L04000044729</b>      |  |
| 1. Entity Name<br><b>BOYRA, LLC</b> |  |



|  |   |
|--|---|
| Principal Place of Business<br><b>7501 NW 36 ST.<br/>MIAMI, FL 33166</b> | Mailing Address<br><b>7501 NW 36 ST.<br/>MIAMI, FL 33166 US</b> |
|--|---|

|  |  |
|--|--|
| 2. Principal Place of Business<br><b>7505 NW 36 Street</b> | 3. Mailing Address<br><b>7505 NW 36 Street</b> |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.                            |

|                                 |                                 |
|---------------------------------|---------------------------------|
| City & State<br><b>Miami FL</b> | City & State<br><b>Miami FL</b> |
| Zip<br><b>33166</b>             | Zip<br><b>33166</b>             |
| Country<br><b>USA</b>           | Country<br><b>USA</b>           |

04252005 Chg-LLC CR2E083 (10/03)

|               |  |
|---------------|--|
| 4. FEI Number | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
|---------------|--|

|  |
|--|
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |
|--|

|   |   |
|---|---|
| 6. Name and Address of Current Registered Agent<br><b>GRISALES, CARLOS A<br/>7501 NW 36 ST.<br/>MIAMI, FL 33166</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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: \_\_\_\_\_ (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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>GRISALES, CARLOS A<br/>7501 NW 36 ST.<br/>MIAMI, FL 33166</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:** Carlos A. Grisales president 04/25/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #