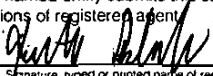
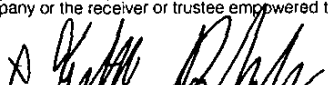


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90011 014 ****50.00

DOCUMENT # L04000045468 1. Entity Name DE LA HOZ PROPERTIES, LLC																											
Principal Place of Business 42-31 215 ST APT A1 BAYSIDE, NY 11381		Mailing Address 42-31 215 ST APT A1 BAYSIDE, NY 11381																									
2. Principal Place of Business 42-31 215 ST. Suite, Apt. #, etc. apt #1		3. Mailing Address 42-31 215 ST. Suite, Apt. #, etc. apt #1																									
City & State Bayside, NY		City & State Bayside, NY																									
Zip 11361-2930		Zip 11361-2930																									
Country 		Country 																									
4. FEI Number 20-1280867		Applied For <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 HORTA, JACQUELINE 6830 SW 159 PLACE MIAMI, FL 33183		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">MGRM</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DE LA HOZ, KENNETH</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>136-35 68TH DR, APT A1</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BAYSIDE, NY 11381</td> <td></td> </tr> </table>		TITLE	MGRM	<input type="checkbox"/> Delete	NAME	DE LA HOZ, KENNETH		STREET ADDRESS	136-35 68TH DR, APT A1		CITY-ST-ZIP	BAYSIDE, NY 11381		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">MGRM</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>DE LA HOZ, KENNETH</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>42-31 215 ST. apt #1</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Bayside, NY 11361-2930</td> <td></td> </tr> </table>		TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	DE LA HOZ, KENNETH		STREET ADDRESS	42-31 215 ST. apt #1		CITY-ST-ZIP	Bayside, NY 11361-2930	
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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: 4/10/05																									
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																											