2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000045922

1. Entity Name
LEAGUE OF THEIR OWN, L.L.C.

Principal Place of Business	Mailing Address
6511 S.W. 122ND STREET MIAMI, FL 33156	6511 S.W. 122ND STREET MIAMI, FL 33156

04052005   Chg-LLC   CR2E083 (10/03)

2. Principal Place of Business *8371 BEDNOCK LANE* Suite, Apt. #, etc.	3. Mailing Address *8371 BEDNOCK LANE* Suite, Apt. #, etc.	
City & State *MIAMI LAKES, FL*	City & State *MIAMI LAKES, FL*	4. FEI Number *20-1278418* Applied For ☐ / Not Applicable ☐
Zip *33016* Country	Zip *33016* Country	5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SUAREZ, MARY B 6511 S.W. 122ND STREET MIAMI, FL 33156	Name *ALVAREZ, DIANA* Street Address (P.O. Box Number is Not Acceptable) *10263 SW 127 PL* City *MIAMI* FL Zip Code *33186*

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)*   *DIANA ALVAREZ*   *04/05/05*
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 MGRM NAME ALVAREZ, DIANA STREET ADDRESS 10263 S.W. 127 PLACE CITY-ST-ZIP MIAMI, FL 33186	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE *MGRM* NAME *EDGAR, ALBA* STREET ADDRESS *8371 BEDNOCK LANE* CITY-ST-ZIP *MIAMI LAKES, FL 33016*	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE *MGRM* NAME *RUIZ, LESBIA E* STREET ADDRESS *123 SALAMANCA APT 4* CITY-ST-ZIP *CORAL GABLES, FL 33134*	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE *MGRM* NAME *RUSS, ALINA* STREET ADDRESS *11857 SW 38 TERR* CITY-ST-ZIP *MIAMI, FL 33175*	☐ 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: *(signature)*   *DIANA ALVAREZ - MANAGING MEMBER*   *04/05/05*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #