

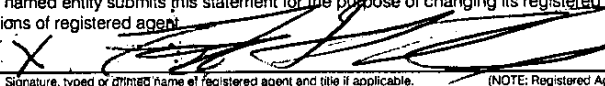
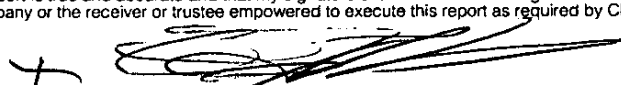


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-16-2005 90042 043 ****50.00

DOCUMENT # L04000050382 1. Entity Name HOUSE OF MERCADO ENTERTAINMENT, L.L.C.					
Principal Place of Business 2317 LAKE DEBRA DRIVE, APT. 2732 ORLANDO, FL 32835				Mailing Address 2317 LAKE DEBRA DRIVE, APT. 2732 ORLANDO, FL 32835	
2. Principal Place of Business 8305 Foxworth Cir Suite, Apt. #, etc.		3. Mailing Address 8305 Foxworth Suite, Apt. #, etc. CIRCLE			
City & State ORLANDO, FLORIDA		City & State ORLANDO		4. FEI Number 56-2477 613	
Zip 32819		Country ORANGE		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LYLEN, IAN J C/O KORSHAK & ASSOCIATES 2345 SAND LAKE ROAD, SUITE 120-B ORLANDO, FL 32809				7. Name and Address of New Registered Agent Name Jose R. Mercado Street Address (P.O. Box Number is Not Acceptable) 8305 Foxworth Circle City ORLANDO FL Zip Code 32819	
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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 4/12/05	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE MGR NAME MERCADO, JOSE R. STREET ADDRESS 2317 LAKE DEBRA DRIVE, APT. 2732 CITY-ST-ZIP ORLANDO, FL 32835				TITLE MGR NAME Jose Mercado STREET ADDRESS 8305 Foxworth Circle CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE MGR NAME EDITH J. COLON STREET ADDRESS 8305 Foxworth Cir. CITY-ST-ZIP ORLANDO, FLORIDA 32819	
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				DATE 4/12/05 407-227 3439 <small>Daytime Phone #</small>	