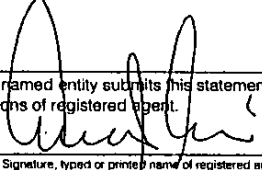
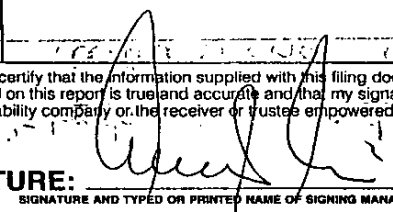


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV -2 AM 9:29

DOCUMENT # L04000052760 1. Entity Name MOLINA-ARAGON INVESTMENT LLC					
Principal Place of Business 7925 NW 12 STREET, SUITE 407 MIAMI, FL 33126			Mailing Address 7925 NW 12 STREET, SUITE 407 MIAMI, FL 33126		
2. Principal Place of Business 7955 NW 12TH STREET Suite, Apt. #, etc. SUITE 400 City & State DORAL, FL Zip 33126		3. Mailing Address 7955 NW 12TH STREET Suite, Apt. #, etc. SUITE 400 City & State DORAL, FL Zip 33126		4. FEI Number 20-1414751 Applied For ☐ Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MOLINA, JUAN 7925 NW 12 STREET, SUITE 407 MIAMI, FL 33126				7. Name and Address of New Registered Agent Name JUAN MOLINA Street Address (P.O. Box Number is Not Acceptable) 7955 NW 12TH STREET SUITE 400 City DORAL FL Zip Code 33126	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
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 MOLINA, JUAN PABLO 7925 NW 12 STREET, SUITE 407 MIAMI, FL 33126	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JUAN PABLO MOLINA 7955 NW 12TH STREET SUITE 400 DORAL, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	5-2-05 90089-034
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1850.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2005
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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					