

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 10, 2005 8:00 am
Secretary of State

08-10-2005 90047 016 ****50.00

DOCUMENT # L04000052977					
1. Entity Name RODGUN ENTERPRISES, L.L.C.					
Principal Place of Business 400 SW 27 AVE MIAMI, FL 33135			Mailing Address 400 SW 27 AVE MIAMI, FL 33135		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-1537238	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RODRIGUEZ-CEPERO, JOSE 400 SW 27 AVE MIAMI, FL 33135			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 _____					
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 September 7, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	NAME	Delete <input type="checkbox"/>	TITLE	NAME	Delete <input type="checkbox"/>
STREET ADDRESS	MGRM Jose Rodriguez-Cepero		STREET ADDRESS	400 SW 27 AVENUE	Delete <input type="checkbox"/>
CITY-ST-ZIP	MIAMI, FL 33135		CITY-ST-ZIP	MIAMI, FL 33135	Delete <input type="checkbox"/>
TITLE	NAME	Delete <input type="checkbox"/>	TITLE	NAME	Delete <input type="checkbox"/>
STREET ADDRESS	MGRM Maria bundian Rodriguez		STREET ADDRESS	400 SW 27 AVENUE	Delete <input type="checkbox"/>
CITY-ST-ZIP	MIAMI, FL 33135		CITY-ST-ZIP	MIAMI, FL 33135	Delete <input type="checkbox"/>
TITLE	NAME	Delete <input type="checkbox"/>	TITLE	NAME	Delete <input type="checkbox"/>
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	Delete <input type="checkbox"/>	TITLE	NAME	Delete <input type="checkbox"/>
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			Jose Rodriguez-Cepero 8/8/05 (305) 541-1515		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

20066534



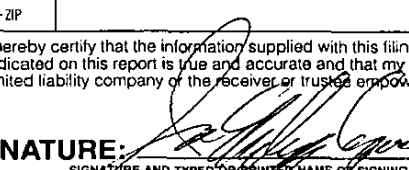
08052005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1537238 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

**Filing Fee is \$50.00
 Due by September 7, 2005**

Make check payable to
 Florida Department of State

SIGNATURE:  Jose Rodriguez-Cepero 8/8/05 (305) 541-1515