
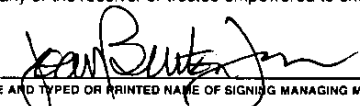


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90082 029 ****55.00

DOCUMENT # L04000057249							
1. Entity Name LEUCADENDRA INVESTMENTS LLC							
Principal Place of Business 550 BILTMORE WAY, SUITE 900 CORAL GABLES, FL 33134			Mailing Address 550 BILTMORE WAY, SUITE 900 CORAL GABLES, FL 33134				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		02252005 Chg-LLC CR2E083 (10/03)			
Zip		Country		4. FEI Number 20-1537207			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
JOAN BURTON JENSEN C/O FINSER CORPORATION 550 BILTMORE WAY, SUITE 900 CORAL GABLES, FL 33134			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 _____ (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	MGR	<input type="checkbox"/> Delete	TITLE	Director and President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TINOCO, PEDRO R		NAME	Tinoco, Pedro R.			
STREET ADDRESS	550 BILTMORE WAY, SUITE 900		STREET ADDRESS	550 Biltmore Way, Suite 900			
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	Coral Gables, Florida 33134			
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	Director, Vice-President & Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KEON, WILLIAM T III		NAME	Keon, III, William T.			
STREET ADDRESS	550 BILTMORE WAY, SUITE 900		STREET ADDRESS	550 Biltmore Way, Suite 900			
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	Coral Gables, Florida 33134			
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	Director and Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JOAN BURTON JENSEN		NAME	Jensen, Joan Burton			
STREET ADDRESS	550 BILTMORE WAY, SUITE 900		STREET ADDRESS	550 Biltmore Way, Suite 900			
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	Coral Gables, Florida 33134			
TITLE		<input type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			NAME	Arismendi, Ana Teresa			
STREET ADDRESS			STREET ADDRESS	550 Biltmore Wav. Suite 900			
CITY-ST-ZIP			CITY-ST-ZIP	Coral Gables, Florida 33134			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
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: 			Joan Burton Jensen, Director and Secretary		April 11, 2005 305-442-3452		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #		