

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90036 033 ****50.00

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|---|---|---------------------------------|---|--|--|
| DOCUMENT # L04000059106 1. Entity Name CARONDELET, LLC | | | | | |
| Principal Place of Business 2330 PONCE DE LEON BLVD., SUITE 203 CORAL GABLES, FL 33134 | | | Mailing Address 2330 PONCE DE LEON BLVD., SUITE 203 CORAL GABLES, FL 33134 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | |
| 4. FEI Number 20-492176 | | | Applied For <input type="checkbox"/> Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | \$5.00 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent CEDENO, GUILLERMO 2330 PONCE DE LEON BLVD., SUITE 203 CORAL GABLES, FL 33134 | | | 7. Name and Address of New Registered Agent Name RICHARD LOTHARIUS Street Address (P.O. Box Number is Not Acceptable) 7700 N. KENDALL DRIVE SUITE 304 City MIAMI FL Zip Code 33156 | | |
| 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) DATE</small> | | | | | |
| 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 CEDENO, GUILLERMO 2330 PONCE DE LEON BLVD., SUITE 203 CORAL GABLES, FL 33134 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GOUDIE, EDUARDO 2330 PONCE DE LEON BLVD., SUITE 203 CORAL GABLES, FL 33134 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| 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 4/25/05 Daytime Phone # _____ | | | | | |