


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90071 040 ****50.00

DOCUMENT # L04000063184 1. Entity Name LA VEREDITA IV, LLC					
Principal Place of Business 1132 KANE CONCOURSE, LEVEL TWO BAY HARBOR ISLAND, FL 33154			Mailing Address 1132 KANE CONCOURSE, LEVEL TWO BAY HARBOR ISLAND, FL 33154		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-1548716	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GARCIA, EDUARDO J SUITE 200 GRAND BAY PLAZA 2665 SOUTH BAYSHORE DRIVE MIAMI, FL 33133				7. Name and Address of New Registered Agent Name Juan A. Figueroa, P.A., C.P.A. Street Address (P.O. Box Number is Not Acceptable) 1428 Brickell Avenue, Suite 206 City Miami FL Zip Code 33131	
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 <input checked="" type="checkbox"/> <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <i>1/10/05</i>	
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 MEMUN, ABRAHAM 1132 KANE CONCOURSE, LEVEL TWO BAY HARBOR ISLAND, FL 33154	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SALAME, SIMON 1132 KANE CONCOURSE, LEVEL TWO BAY HARBOR ISLAND, FL 33154	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <input checked="" type="checkbox"/> <i>[Signature]</i> ABRAHAM MEMUN <i>01/25/05</i> <i>3058651929</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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