

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90061 015 \*\*\*\*50.00

<b>DOCUMENT # L04000063551</b> 1. Entity Name <b>P &amp; R PARTNERSHIP LLC</b>					
Principal Place of Business <b>1925 BRICKELL AVENUE, STE. D-207 MIAMI, FL 33129</b>			Mailing Address <b>1925 BRICKELL AVENUE, STE. D-207 MIAMI, FL 33129</b>		
2. Principal Place of Business <b>1000 S.W. 73 PLACE</b> Suite, Apt. #, etc.		3. Mailing Address <b>1000 S.W. 73 PLACE</b> Suite, Apt. #, etc.			
City & State <b>MIAMI FLORIDA</b> Zip <b>33144</b>		City & State <b>MIAMI, FLORIDA</b> Zip <b>33144</b>		4. FEI Number <b>55-0881361</b>	
Country <b>U.S.</b>		Country <b>U.S.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MIAMI CORPORATE REGISTRY 1925 BRICKELL AVENUE, STE. D-207 MIAMI, FL 33129</b>			7. Name and Address of New Registered Agent Name <b>RAUL OLIVA</b> Street Address (P.O. Box Number is Not Acceptable) <b>1000 S.W. 73 PLACE</b> City <b>MIAMI</b> FL Zip Code <b>33144</b>		
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 <b>RAUL OLIVA</b> <span style="float: right;">03-02-05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM OLIVA, RAUL 1000 SW 73 PLACE MIAMI, FL 33144</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b>			<b>03-02-05 305-606-0437</b> <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

20018836



02282005 Chg-LLC CR2E083 (10/03)

Applied For  
Not Applicable

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

7. Name and Address of New Registered Agent

Name **RAUL OLIVA**  
Street Address (P.O. Box Number is Not Acceptable)

**1000 S.W. 73 PLACE**

City **MIAMI** FL Zip Code **33144**

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Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

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CITY-ST-ZIP  
**MGRM  
OLIVA, RAUL  
1000 SW 73 PLACE  
MIAMI, FL 33144**

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**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**03-02-05 305-606-0437**  
Date Daytime Phone #