

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

01-28-2005 90071 014 ****55.00

DOCUMENT # L04000066861		
1. Entity Name 1854 LLC		

Principal Place of Business 520 HARBOR DRIVE KEY BISCAVNE, FL 33149 US	Mailing Address P.O. BOX 14-1933 CORAL GABLES, FL 33114
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
CARRAZANA, ENRIQUE A 520 HARBOR DRIVE KEY BISCAVNE, FL 33149	

7. Name and Address of New Registered Agent	
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 <u>ENRIQUE A. CARRAZANA--</u>	DATE <u>JANUARY 24, 2005.-</u>
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 May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CARRAZANA, ALICIA M		NAME		
STREET ADDRESS	520 HARBOR DRIVE		STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAVNE, FL 33149		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CARRAZANA, ENRIQUE A		NAME		
STREET ADDRESS	520 HARBOR DRIVE		STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAVNE, FL 33149		CITY-ST-ZIP		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CARRAZANA, ENRIQUE J		NAME		
STREET ADDRESS	520 HARBOR DRIVE		STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAVNE, FL 33149		CITY-ST-ZIP		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CARRAZANA, MARIA D		NAME		
STREET ADDRESS	520 HARBOR DRIVE		STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAVNE, FL 33149		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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: <u>ALICIA M. CARRAZANA-MGRM</u>	DATE <u>JANUARY 24, 2005.-</u> (305) 361-2645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	

20004687



01132005 Chg-LLC CR2E083 (10/03)

4. FEI Number 84-1660841	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒	\$5.00 Additional Fee Required
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