
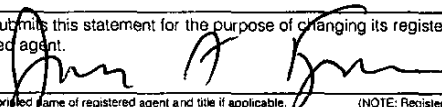



**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

01-28-2005 90071 041 \*\*\*\*50.00

DOCUMENT # L04000069493			
1. Entity Name LA VEREDITA V, 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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01052005		Chg-LLC CR2E083 (10/03)	
4. FEI Number 20-1977721		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		7. Name and Address of New Registered Agent	
GARCIA, EDUARDO J 2665 SOUTH BAYSHORE DRIVE, SUITE 200 GRAND BAY PLAZA MIAMI, FL 33133		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 X 		DATE X 1/20/05	
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 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME MEMUN, ABRAHAM	NAME		
STREET ADDRESS 1132 KANE CONCOURSE, LEVEL TWO	STREET ADDRESS		
CITY-ST-ZIP BAY HARBOR ISLAND, FL 33154	CITY-ST-ZIP		
TITLE MGR <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME SALAME, SIMON	NAME		
STREET ADDRESS 1132 KANE CONCOURSE, LEVEL TWO	STREET ADDRESS		
CITY-ST-ZIP BAY HARBOR ISLAND, FL 33154	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		
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: X 		DATE X 01/25/05 X 3058651929	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	