


FILED
SECRETARY OF STATE
DIVISION OF REGISTRATIONS
05 NOV 22 AM 8:22

DOCUMENT # L04000071148				<div>FLORIDA STATE DIVISION OF CORPORATIONS 05 NOV 22 AM 8:22</div>	
1. Entity Name LAS LLAVES, LLC		Principal Place of Business 680 MYRTLE ROAD NAPLES, FL 34108			
Mailing Address P.O. BOX 771389 NAPLES, FL 34107					
2. Principal Place of Business		3. Mailing Address		10042005 REIN-LLC CR2E101 (6/04)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
City & State		City & State		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired	
				Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BETZ, DANIEL C 680 MYRTLE ROAD NAPLES, FL 34108			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: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$200.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR BETZ, DANIEL C 680 MYRTLE ROAD NAPLES, FL 34108			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
[Delete]			[Change] [Addition]		
[Delete]			[Change] [Addition]		
[Delete]			[Change] [Addition]		
[Delete]			[Change] [Addition]		
[Delete]			[Change] [Addition]		
[Delete]			[Change] [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: [Signature] 11/1/05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					