
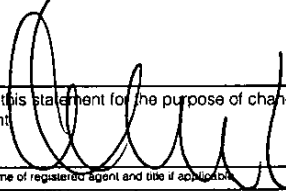
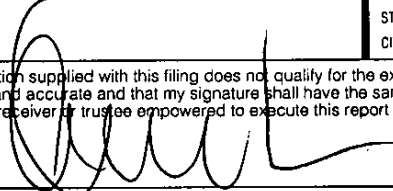


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90021 015 ****50.00

DOCUMENT # L04000074729			
1. Entity Name MACHADO GARCIA-SERRA LLC			
Principal Place of Business 232 ANDALUSIA AVENUE, SUITE 201 CORAL GABLES, FL 33134		Mailing Address 232 ANDALUSIA AVENUE, SUITE 201 CORAL GABLES, FL 33134	
2. Principal Place of Business 2725 SW 3rd Ave. Suite, Apt. #, etc.		3. Mailing Address 2725 SW 3rd Ave. Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33129		Country US	
Zip 33129		Country US	
4. FEI Number 20-1767465		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		04112005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent PENINSULA REGISTERED AGENTS, INC. 200 SOUTH BISCAYNE BLVD., SUITE 4000 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Alberto Garcia-Serra Street Address (P.O. Box Number is Not Acceptable) 2725 SW 3rd Ave. City Miami FL Zip Code 33129	
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 		DATE 4-11-05	
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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		CEO Manuel E. Machado 2725 SW 3rd Ave. Miami, FL 33129	
		COO Alberto Garcia-Serra 2725 SW 3rd Ave. Miami, FL 33129	
		Executive Vice President Gabriela Alcantara-Diaz 2725 SW 3rd Ave. Miami, FL 33129	
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: 		DATE 4-11-05 (305) 856-7474	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	