


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90019 004 ****50.00

DOCUMENT # L04000077891

1. Entity Name
 LAS MARIANAS INVESTMENTS, LLC



Principal Place of Business
 900 INGRAHAM BUILDING
 25 SOUTHEAST SECOND AVE.
 MIAMI, FL 33131

Mailing Address
 900 INGRAHAM BUILDING
 25 SOUTHEAST SECOND AVE.
 MIAMI, FL 33131



2. Principal Place of Business
 Two Alhambra Plaza
 Suite, Apt. #, etc.
 Penthouse 1B
 City & State
 Coral Gables, Fl.

3. Mailing Address
 Two Alhambra Plaza
 Suite, Apt. #, etc.
 Penthouse 1B
 City & State
 Coral Gables, Fl.

01192005 Chg-LLC CR2E083 (10/03)

4. FEI Number
 20-1865550

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

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
 MURAI WALD BIONDO MORENO & BROCHIN, P.A.
 900 INGRAHAM BUILDING
 25 SOUTHEAST SECOND AVE.
 MIAMI, FL 33131

7. Name and Address of New Registered Agent
 Name
 Murai Wald Biondo Moreno & Brochin, P.A.
 Street Address (P.O. Box Number is Not Acceptable)
 Two Alhambra Plaza
 Penthouse 1B
 City
 Coral Gables FL Zip Code
 33134

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] Rene V. Murai 4/8/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	Member Mariana Martinez Two Alhambra Plaza, PH 1B Coral Gables, Fl. 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Emilio Martinez Two Alhambra Plaza Coral Gables, Fl. 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature] Rene V. Murai, Authorized Representative 4/8/05 305-444-0101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #