

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAR -4 AM 9:37

DOCUMENT # L04000083516			
1. Entity Name 135 WOODCREST LANE, LLC			
Principal Place of Business 354 SEVILLA AVE CORAL GABLES, FL 33134		Mailing Address 354 SEVILLA AVE CORAL GABLES, FL 33134	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
02262005		Chg-LLC CR2E083 (10/03)	
4. FEI Number APPLIED FOR		Applied For Not Applicable	
5. Certificate of Status Desired		☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JIMENEZ, ALEX 354 SEVILLA AVE CORAL GABLES, FL 33134		Name <u>ALEX ORTIZ</u> Street Address (P.O. Box Number is Not Acceptable) <u>354 SEVILLA AVE.</u> City <u>CORAL GABLES</u> FL <u>33134</u>	
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>[Signature]</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE <u>2/26/05</u>	
Amended AR is \$50.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JIMENEZ, ALEX 354 SEVILLA AVE CORAL GABLES, FL 33134 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300048121593 ☐ Change ☐ Addition 03/10/05--01009--002 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Guadalupe De La Fuente 354 Sevilla ave Coral Gables, FL 33134 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Hosanna De Linares 354 Sevilla ave Coral Gables, FL 33134 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date <u>02/26/05</u> (305) 7537983 Date Time Phone	