2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Apr 07, 2005
Secretary of State

DOCUMENT# L04000084509

Entity Name: PICAPIEDRA HOLDINGS, LLC

Current Principal Place of Business:

8900 S.W. 117 AVE., SUITE 202
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

8900 S.W. 117 AVE., SUITE 202
MIAMI, FL 33186

New Mailing Address:

FEI Number: 20-1920055 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROZENCWAIG & FERRERO-CARR
301 W. HALLANDALE BEACH BLVD.
HALLANDALE BEACH, FL 33009 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: LUMPUY, FRANK
Address: 8900 S.W. 117 AVE., SUITE 202
City-St-Zip: MIAMI, FL 33186

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: OGDEN, GREGORY S
Address: 8900 S.W. 117 AVE., SUITE 202
City-St-Zip: MIAMI, FL 33186

Title: MGR ( ) Change (X) Addition
Name: MARTINEZ, JUVENAL E
Address: 8900 S.W. 117 AVE., SUITE 202
City-St-Zip: MIAMI, FL 33186

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: FRANK LUMPUY MGR 04/07/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date