2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 15, 2005
Secretary of State

DOCUMENT# L04000087267

Entity Name: LUIS CAMPOS, LLC

Current Principal Place of Business:

999 PONCE DE LEON BLVD., PENTHOUSE 1110
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

999 PONCE DE LEON BLVD., PENTHOUSE 1110
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WINKLER, DAVID ESQ.
C/O ZUMPANO, PATRICIOS & WINKER, P.A.
999 PONCE DE LEON BLVD., PENTHOUSE 1110
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

WINKER, DAVID ESQ.
C/O ZUMPANO, PATRICIOS & WINKER, P.A.
999 PONCE DE LEON BLVD., PENTHOUSE 1110
CORAL GABLES, FL 33134 US

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: DAVID WINKER 07/15/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: CAMPOS, LUIS MR.
Address: 999 PONCE DE LEON
City-St-Zip: CORAL GABLES, FL 33134

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: LUIS CAMPOS MGR 07/15/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date