

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000088424

Entity Name: METAMORPHOSIS LLC

FILED  
Mar 09, 2005  
Secretary of State

**Current Principal Place of Business:**

9590 S.W. 40 TERRACE  
MIAMI, FL 33165

**New Principal Place of Business:**

**Current Mailing Address:**

9590 S.W. 40 TERRACE  
MIAMI, FL 33165

**New Mailing Address:**

FEI Number: 84-1664096

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CURRAS, KAREL  
9590 S.W. 40 TERRACE  
MIAMI, FL 33165 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: CURRAS, KAREL  
Address: 9590 SW 40 TERRACE  
City-St-Zip: MIAMI, FL 33165

Title: MGR ( ) Delete  
Name: CURRAS, OVIANA  
Address: 9590 SW 40 TERRACE  
City-St-Zip: MIAMI, FL 33165

**ADDITIONS/CHANGES:**

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

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

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: KAREL CURRAS

MGR

03/09/2005

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