

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000090357

FILED
Apr 29, 2005
Secretary of State

Entity Name: LE CHASSEURS, LLC

Current Principal Place of Business:

10568 NW 51ST TERRACE
MIAMI, FL 33178 US

New Principal Place of Business:

Current Mailing Address:

10568 NW 51ST TERRACE
MIAMI, FL 33178 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAY PEREZ & ASSOCIATES, PA
13935 NW 1ST AVE
MIAMI, FL 33168 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: MGRM () Delete
Name: SOTO, DALISLA C
Address: 10568 NW 51ST TERRACE
City-St-Zip: MIAMI, FL 33178 US

Title: MGRM () Delete
Name: SOTO, VICTOR G
Address: 10568 NW 51ST TERRACE
City-St-Zip: MIAMI, FL 33178 US

Title: MGRM () Delete
Name: CESPEDES, JUAN
Address: 9982 SW 2ND TERRACE
City-St-Zip: MIAMI, FL 33174 US

Title: MGRM () Delete
Name: CESPEDES, REBECA
Address: 9982 SW 2ND TERRACE
City-St-Zip: MIAMI, FL 33174 US

Title: MGRM () Delete
Name: CASTRELLON, ANA MARIA
Address: 3050 LA MIRAGE DRIVE
City-St-Zip: LAUDERHILL, FL 33319 US

Title: MGRM () Delete
Name: CASTRELLON, ULPiano
Address: 9982 SW 2ND TERRACE
City-St-Zip: LAUDERHILL, FL 33319 US

ADDITIONS/CHANGES:

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

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

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

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

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: VICTOR SOTO, MD

MGRM

04/29/2005

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