


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 21, 2008 8:00 am**  
**Secretary of State**

02-07-2008 90087 006 \*\*\*138.75

**30006845**

<b>DOCUMENT # L06000064312</b>				
1. Entity Name <b>IBEZA LLC</b>				
Principal Place of Business <b>2550 DOUGLAS ROAD THIRD FL CORAL GABLES, FL 33134</b>		Mailing Address <b>2550 DOUGLAS ROAD THIRD FL CORAL GABLES, FL 33134</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
<b>LEVIN, STANTON G ESQ. 1570 MADRUGA AVE SUITE 311 CORAL GABLES, FL 33146</b>		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		City		
		<b>FL</b>	Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reissuing)</small>				
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BERAJA, ROBERTO MD 2550 DOUGLAS ROAD THIRD FL CORAL GABLES, FL 33134</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BERAJA, VICTOR MD 2550 DOUGLAS ROAD THIRD FL CORAL GABLES, FL 33134</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BERAJA, ESTHER B 2550 DOUGLAS ROAD THIRD FL CORAL GABLES, FL 33134</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BERAJA, MATILDE 2550 DOUGLAS ROAD THIRD FL CORAL GABLES, FL 33134</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BERAJA, ISIDORO 2550 DOUGLAS ROAD THIRD FL CORAL GABLES, FL 33134</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.				
<b>SIGNATURE:</b> <u><i>Roberto Beraja</i></u>		02-07-08	305)3571709	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	<small>Daytime Phone #</small>	