

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000000284

FILED  
Jan 26, 2005  
Secretary of State

Entity Name: SUCESORES DE FALLA (MT&E), L.C.

**Current Principal Place of Business:**

600 GRAPETREE DR., APT. 5BN  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

600 GRAPETREE DR., APT. 5BN  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

FEI Number: 65-0905545

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BATISTA, ADELA C  
600 GRAPETREE PL, APT. 5-BN  
KEY BISCAYNE, FL 33149 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: BATISTA, ADELA C  
Address: 600 GRAPETREE DR. APT. 5-BN  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGR ( ) Delete  
Name: BATISTA-FALLA, AGUSTIN  
Address: 520 BRICKELL KEY DR., #1804  
City-St-Zip: MIAMI, FL 33131

Title: MGR ( ) Delete  
Name: BATISTA, CLELIA C  
Address: 9 CH.DES FOURS, 1223 COLOGNY  
City-St-Zip: 1223 COLOGNY, SWITZERLAND,

Title: MGR ( ) Delete  
Name: BATISTA-FALLA, VICTOR  
Address: NUNEZ BALBOA 73 (9120)  
City-St-Zip: 28001 MADRID, SPAIN,

Title: MGR ( ) Delete  
Name: MESTRE, LUIS  
Address: 17C CH. SOUS-CARAN  
City-St-Zip: 122 VESENAZ, SWITZERLAND,

**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:

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: ADELA BATISTA

MGR

01/26/2005

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