

FILED
Jun 27, 2005 8:00 am
Secretary of State

06-27-2005 90135 037 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L96000000303

1. Entity Name
PERLA ANTILLES, L.C.

20060663

Principal Place of Business
 1 SE 3RD AVE
 SUITE 2250
 MIAMI, FL 33131

Mailing Address
 1 SE 3RD AVE
 SUITE 2250
 MIAMI, FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02072005

Chg-LLC

CR2E083 (10/03)

City & State

City & State

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐\$5.00 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMKGS REGISTERED AGENTS, INC.
 ONE SE THIRD AVENUE
 SUITE 2250
 MIAMI, FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent (and fee if applicable)

(NOTE: Registered Agent signature required when transferring)

DATE

Filing Fee is \$50.00
 Due by May 1, 2005

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

MGRM
VELASCO, ALVARO
ONE SE THIRD AVENUE, SUITE 2250
MIAMI, FL 33131

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-STATE-ZIP

MGRM
AMKGS REGISTERED AGENTS, INC.
ONE SE THIRD AVENUE, SUITE 2250
MIAMI, FL 33131

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

6/8/05 3053736600