LIMITED LIABILITY COMPANY ANNUAL REPORT Secretary of State FILED
1999 DIVISION OF CORPORATIONS
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee \$588.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE
1 Name and Mailing Address of Limited Liability Company DOCUMENT # L9700000366 SECRETARY OF STATE TALLAHASSEE, FLORIDA
LASTANA LIMITED COMPANY 251 CRANDON BLVD., #724 KEY BISCAYNE FL 33149 251 CRANDON BLVD., #724 KEY BISCAYNE FL 33149
2 Principal Place of Business 2a. Mailing Address 3. Date Organized of Qualified 3a. State of Formation
Suite, Apt. #, etc. 03/28/1997 FL 4 FEI Number
City & State City & State 65~0743355 Applied For Not Applicable
Zip Country Zip Country 5. Date of Last Report 6. Certificate of Status Desired
7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office
TZA, SEVERO ANGEL 251 CRANDON BLVD #724 KEY BISCAYNE FL 33149 Street Address (P.O. Box Number is Not Acceptable) 251 CRANDON BLVD # 724 Suite. Apt. #, etc. KEY BISCAYNE, FLO RIDA City Zip Code FL 33149
9. Pursuant to the provisions of Sections 608.416 and 608.508. Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Indias Soci change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE
SIGNATURE
10. Title Managing Members/Managers Business Street Address City, State and Zip Code
MGR ITZA, SEVERO A 251 CRANDON BLVD #724 KEY BISCAYNE FL
5000030473156 -11/17/9901061016 ****\$588.75 ****\$88.75
JG-9-99
11 Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther certify that the information indicated on this annual report is true and accurate and macros signature shall have the same logal effect as if made under certify that I am a managing member or manager of the timited Itability company or the receiver or trustee empowers to execut this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date 5 15' Blyffige Prone #

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