

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90076 001 ****50.00

20004928



01202005 Chg-LLC CR2E083 (10/03)

4. FEI Number **65-0891118** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GIANCARLO LASIO
180 N.E. 39TH STREET
MIAMI, FL 33137

7. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CIANI, ENRICO 180 N.E. 39TH STREET #106 MIAMI, FL 33137 | <input type="checkbox"/> Delete |
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10. ADDITIONS/CHANGES

| | | |
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11. I hereby certify that the information supplied with this filing does not qualify 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 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

Chau
Date

01/25/05 **305 576-3232**
Daytime Phone #