


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 30, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L99000003314  
 1. Entity Name  
 FAMILIA DE SARAGOVIA, LLC



Principal Place of Business      Mailing Address  
 3500 N. 55TH AVENUE      3500 N. 55TH AVENUE  
 HOLLYWOOD, FL 33021      HOLLYWOOD, FL 33021



**DO NOT WRITE IN THIS SPACE**

01182005No Chg-LLC      CR2E083 (10/03)

4. FEI Number 65-0931332	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  
 SARAGOVIA, EFRAIM  
 3500 N. 55 AVE.  
 HOLLYWOOD, FL 33021

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SARAGOVIA, EFRAIM 3500 N. 55TH AVENUE HOLLYWOOD, FL 33021
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 03/30/05-80019-024 50.00

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, OR AUTHORIZED REPRESENTATIVE      Date \_\_\_\_\_      Daytime Phone # \_\_\_\_\_