

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Mar 22, 2005 8:00 am
Secretary of State**

03-22-2005 90184 014 ****55.00

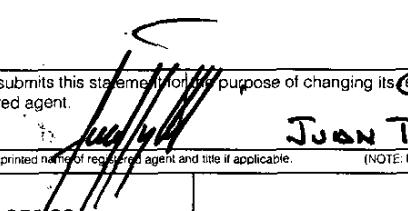
DOCUMENT # L99000003359		
1. Entity Name PROVIDENCE CAPITAL L.C.		

Principal Place of Business 701 BRICKELL AVENUE, SUITE 1480 MIAMI, FL 33131	Mailing Address 701 BRICKELL AVENUE, SUITE 1480 MIAMI, FL 33131
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2. Principal Place of Business 701 BRICKELL AVE Suite, Apt. #, etc. 1740	3. Mailing Address 701 BRICKELL AVE Suite, Apt. #, etc. 1740
City & State MIAMI FL	City & State MIAMI FL
Zip 33131	Country US

6. Name and Address of Current Registered Agent TRUJILLO, JUAN JOSE 701 BRICKELL AVENUE SUITE 1480 MIAMI, FL 33131

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.

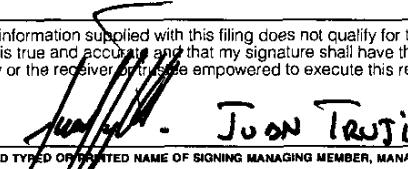
SIGNATURE  **JUAN TRUJILLO (Managing Director) 3/15/05** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00/ Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NELSON, CALLE 340 HARBOR DRIVE KEY BISCAYNE, FL 33149	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALLE, NELSON 400 ALTON ROAD # 804 MIAMI BEACH FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ORREGO, CARLOS 1627 BRICKELL AVENUE APT#1506 MIAMI, FL 33129	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRUJILLO, JUAN JOSE 848 BRICKELL KEY DRIVE APT#2603 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRUJILLO, JUAN JOSE 1627 BRICKELL AVE #1403 MIAMI FL 33129	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **JUAN TRUJILLO (Managing Director) 3/15/05 305.379.4999**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

20023708

