


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000004278 1. Entity Name CETA, L.C.	
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Principal Place of Business PO BOX 520293 MIAMI, FL 33172-0293	Mailing Address PO BOX 520293 MIAMI, FL 33172-0293
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DO NOT WRITE IN THIS SPACE



01202005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-0935030	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHIFFMAN, ADAM R ESQ
2999 NE 191 STREET, STE 900
AVENTURA, FL 33180

**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 _____

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

U000000263439
03/14/05-80093-020 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOTERO DE GREEN, CATALINA E 1720 NW 96 AVENUE MIAMI, FL
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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: *Catalina Botero de Green* *March 10-05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____