

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M02000000913

1. Entity Name  
LA ESPANOLA ASSOCIATES, LLC



Principal Place of Business

2401 COLLINS AVENUE #1205  
MIAMI BEACH, FL 33740

Mailing Address

2401 COLLINS AVENUE #1205  
MIAMI BEACH, FL 33740

**FILED**  
**Feb 07, 2005 08:00 AM**  
**Secretary of State**



02022005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1054976	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

DANNER, STEVE  
1101 BRICKELL AVENUE, SUITE M-101  
MIAMI, FL 33131

**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

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**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SALOMON, CATHERINE 2401 COLLINS AVENUE #1205 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BERKOWITZ, SANDRA 2401 COLLINS AVENUE #1205 MIAMI BEACH, FL 33140
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U00000219696  
02/08/05-80037-010 50.00

**DO NOT WRITE  
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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: Sandra Berkowitz SANDRA BERKOWITZ 2/2/05 954-8886922  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #