## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 12, 2005 08:00 AM Secretary of State

	WILLIAM TO THE PROPERTY OF THE				
1. Entity Nam	MENT # M02000002 GA SL LIMITED LIABILITY C			Se	cretary of Stat
Principal Place of Business _ Mailing Address  150 SE 2ND AVENUE STE. 1200		00			
		<u></u>	<u></u> .	01062005 No Chg-LLC	CR2E083 (10/03)
ם	O NOT WRITE	IN THIS SPA	CE	FEI Number     98-0368969     Certificate of Status Desired	Applied For Not Applicable  \$5.00 Additional Fee Required
	6. Name and Address of Current F	legistered Agent			
ROSEN, B 150 SE 2N MIAMI, FL	D AVENUE STE. 1200	· ·		DO NOT WI	
	named entity submits this statement for one of registered agent.	the purpose of changing its register	red office or register	ed agent, or both, in the State of Flor	ida. I am familiar with, and accept
SIGNATURE_	Signature, typed or orinted name of registered agent ar	nd title if applicable. (NOTE Register	ed Agent signature required	when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2005				Upopop	)227577 -80005-003 50.00
9.	MANAGING MEMBER	RS/MANAGERS			
NAME	PVST MORENO RAGEL, JOSE LUIS		]		

## SALONICA 38\_28230 LAS ROZAS MADRID SPAIN, CITY-SY-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY -ST - ZIP TITLE MAME STREET ADDRESS ÇITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

## DO NOT WRITE IN THIS SPACE

Date

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

Joselus mollend

Ulopo 305/374-2001

Daytime Phone #