
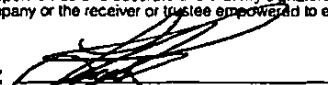


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

3/

**FILED**  
**Sep 01, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90351 039 \*\*\*\*50.00

DOCUMENT # L04000022939					
1. Entity Name 14012 PROPERTIES LLC					
Principal Place of Business 19800 N.W. 86 COURT MIAMI, FL 33015		Mailing Address 19800 N.W. 86 COURT MIAMI, FL 33015			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		08022005 Chg-LLC CR2E083 (10/03)			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RODRIGUEZ, LUIS M 19800 N.W. 86 COURT MIAMI, FL 33015			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ DATE _____ <small>Signatures, typed or printed name of registered agents and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
				manager	Rodriguez, Luis M.
					19800 NW 86 Ct.
					MIAMI, FL 33015
				<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<p>\$50.00 Payment already sent Thanks</p>					
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: 				7/31/05 305-819-0320	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #	

30011016



08022005 Chg-LLC CR2E083 (10/03)

4. FEI Number  Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

RODRIGUEZ, LUIS M  
19800 N.W. 86 COURT  
MIAMI, FL 33015

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signatures, typed or printed name of registered agents and title if applicable. (NOTE: Registered Agent signature required when resigning)

Filing Fee is \$50.00  
Due by September 7, 2005

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

\$50.00  
Payment  
already sent  
Thanks

manager  
Rodriguez, Luis M.  
19800 NW 86 Ct.  
MIAMI, FL 33015

SIGNATURE:  7/31/05 305-819-0320  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #