


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000007026

1. Entity Name
 THIRTY FIVE NORTH MIAMI, L.L.C.



Principal Place of Business Mailing Address

2 NE FIRST ST 2 NE FIRST ST
 MIAMI, FL 33132 MIAMI, FL 33132

DO NOT WRITE IN THIS SPACE



03292005 No Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
 65-1018260 Not Applicable

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

6. Name and Address of Current Registered Agent

KATES, LESTER G ESQ
 807 GABLES INTERNATIONAL PLAZA
 2655 LEJEUNE ROAD
 CORAL GABLES, FL 33134

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6. 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**

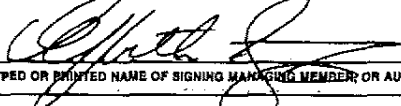
9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|------------------------|
| TITLE | MGRM |
| NAME | GOMEZ, ELIZABETH HORTA |
| STREET ADDRESS | 2 NE. 1ST ST |
| CITY-ST-ZIP | MIAMI, FL 33132 |
| TITLE | MGRM |
| NAME | HORTA, DELIA |
| STREET ADDRESS | 2 NE FIRST ST |
| CITY-ST-ZIP | MIAMI, FL 33132 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

100000291416
 04/07/05-80030-008 150.00

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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:  3/29/05 305-372-0094

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