2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE

Apr 29, 2004 08:00 AM Secretary of State **DOCUMENT # L01000006890** 1. Entity Name BERKELEY HOLDINGS, LLC Mailing Address Principal Place of Business 11000 N.W. 92ND TERRACE 11000 N.W. 92ND TERRACE MIAMI, FL 33178 MIAMI, FL 33178 04232004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1099608 Not Applicable \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent LESTER, PAUL A DO NOT WRITE 201 ALHAMBRA CIR SUITE 601 IN THIS SPACE CORAL GABLES, FL 33134 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 at registered agent and fille if applicable (NOTE Registered Agent signature required when reinstating) U00000141678 Filing Fee is \$50.00 Due by May 1, 2004 04/30/04-80018-025 50.00 MANAGING MEMBERS/MANAGERS 9 MGRM TITLE NAME CABRERIZO, TOMAS 11000 N.W. 92ND TERRACE STREET ADDRESS MIAMI, FL 33178 CiTY-S1-219 TITLE NAME STREET ADDRESS CITY-ST-ZIP DILE NAME STREET ADDRESS DO NOT WRITE CITY - ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP HE NAME STREET ACCRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST-ZIP supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information 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 liver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the information indicated on this report is true limited liability company or the

OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

04/22/04

-3047777-6227

Davime Phone #

FILED