2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 28, 2005 8:00 am Secretary of State

Principal Place of Business 80 S.W. 8TH ST., STE. 3100 MIAMI, FL 33130 2. Principal Place of Business Sulfe, Apt. 4, etc. 3. Mailing Address 80 S.W. 8TH ST., STE. 3100 MIAMI, FL 33130 3. Mailing Address 4. FEI Number 56-2341551 7. Name And Address of Luc CR2E083 (10/03) 8. Conflicate of Status Desired Agent 7. Name and Address of Status Desired Status Desired Security 8. Conflicate of Status Desired Replication 8. Name and Address of New Registered Agent 8. Name 8. 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 agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, pool or prinet name of registered agent and this Papickable. City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, pool or prinet name of registered agent. City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Professional Professional Pro	DOCUMENT # L01000022598 1. Entity Name 1501 EQUITIES, LC)	01-28-200:	5 90071 03	30 ****5(0.00
80 S.W. 8TH ST., STE. 3100 MIAMI, FL. 33130 80 S.W. 8TH ST., STE. 3100 MIAMI, FL. 33130 2. Principal Place of Business Sulle, Apt. #, etc. O1112005 Chg-LLC CR2E083 (10/03) 2. Principal Place of Business Sulle, Apt. #, etc. O1112005 Chg-LLC CR2E083 (10/03) City & State City & State City & State City & State Country Country Country S. Conflicate of Status Desired S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BEFELER, GEORGE 80 S.W. 8TH ST., STE. 3100 MIAMI, FL. 33130 Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL. 33130 Street Address (P.O. Box Number is Not Acceptable) MiAMI, FL. 33130 Make check payable to Florida Department of State Filling Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES ITIE NAME SITERT ADDRESS MIAMI, FL. 33156 ITIE NAME Delate Delate ITIE NAME Delate	Discisal Olace of Overings						V 1 V 1 4			
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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BEFELER, GEORGE 80 S.W. 8TH ST., STE. 3100 MIAMI, FL 33130 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of pegistered agent. SIGNATURE Signature, hybrid or printed name of registered agent and bits if applicable. (NOTE: Registered Agent required when rainstating) DATE Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ITILE MGR MGR MAME STREET ADDRESS G177 - ST- ZIP TITLE MMAME STREET ADDRESS	N ∨~ .	e Da	City & State		•					`
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11. Thereby 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	STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREI	ET ADDRESS				☐ Change	Addition

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE