


2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L02000006535 † Entity Name ANATONA, LLC	
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FILED

04 OCT 21 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 601 BRICKELL KEY DRIVE, SUITE 604 MIAMI, FL 33131	Mailing Address 601 BRICKELL KEY DRIVE, SUITE 604 MIAMI, FL 33131
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

10212004	Chg-LLC	CR2E083 (10/03)
4. FEI Number APPLIED FOR		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CONIGLIO, MICHAEL J 971 EAST TENNESSEE STREET TALLAHASSEE, FL 32308	7. Name and Address of New Registered Agent Name SAUE Street Address (P.O. Box Number is Not Acceptable) 92 ROYSTER DRIVE City CRAWFORDVILLE FL Zip Code 32327
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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 **21 OCTOBER 2004**

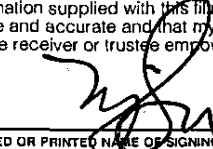
(NOTE: Registered Agent signature required when reinstating)

Amended AR is \$50.00		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR <input checked="" type="checkbox"/> Delete
NAME	ORTODNE, A
STREET ADDRESS	601 BRICKELL KEY DRIVE, SUITE 604
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TONATILH ONATE
STREET ADDRESS	601 BRICKELL KEY DR, SUITE 604
CITY-ST-ZIP	MIAMI FL 33131
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	900042194179
STREET ADDRESS	10/26/04--01082--021 **50.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: 	Date: 21 OCTOBER 2004	Daytime Phone #: 850 926 9295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		