2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2005
Secretary of State

DOCUMENT# L02000023501

Entity Name: 2140, L.L.C.

Current Principal Place of Business:

2140 S. DIXIE HWY
MIAMI, FL 33133

New Principal Place of Business:

2140 S. DIXIE HWY
SUITE 301
MIAMI, FL 33133

Current Mailing Address:

2140 S. DIXIE HWY
MIAMI, FL 33133

New Mailing Address:

2140 S. DIXIE HWY
SUITE 301
MIAMI, FL 33133

FEI Number: 32-0004441 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WYLER, WILLIAM
5611 SAN VICENTE STREET
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: SIME, SCOTT K
Address: 505 LUENGA AVENUE
City-St-Zip: CORAL GABLES, FL 33146

Title: MGR ( ) Delete
Name: WYLER, WILLIAM R
Address: 5611 SAN VICENTE STREET
City-St-Zip: CORAL GABLES, FL 33146

Title: MGR ( ) Delete
Name: WYLER, JOHN S
Address: 6060 SW 133RD AVENUE
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: WILLIAM R WYLER MGR 01/18/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date