2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE: JUEX
SIGNATURE AND TYPED OR PRINTED

DOCUMENT # L03000009441 1. Entity Name 160 HOOD AVENUE LLC					May 02, 2005 08:00 AM Secretary of State	
Principal Plac	e of Business	Mailing Address	L		·	
160 HOOD . TAVERNIER US	AVENUE	6910 S. W. 145 TERRA MIAMI FL 33158 US	ACE		. 12411811 WII MAISSA 1777 ESTS AMIN ANSTRUKTUR MIN MIN AND FATER SINGER	•r
2. Principal P	Place of Business	3. Mailing Address	<u> </u>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E083 (10/04)	
City & State		City & State			4. FEI Number 57-0444931 Applied F Not Appli	
Zip	Country	Zip	Country	ý 	5. Certificate of Status Desired	
ļ	6. Name and Address of Current	Registered Agent		Name	7. Name and Address of New Registered Agent	
691	CSO, ROBERT R 0 S. W. 145 TERRACE MI FL 33158				P.O. Box Number is Not Acceptable)	
İ			F	City	FL Zip Code	•
9 The above	a named entity submits this statement for	r the nurnose of changing its	s registered	office or register	red agent, or both, in the State of Florida. I am familiar with, and ac	
	tions of registered agent.	i the pulpose of changing its	o registered	2 Office of Teglister	red agent, or boat, in the obte of Folice. Fam tansiae with and se	
SIGNATURE		4 - 1		de	and the same of the	_
	Signature, typed or printed name of registered egent	and title if applicable (NOT	E Registered A	Agent signature required	d when rematating) DATE	_
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		Make Check Payab	ole to Flor ie By May		nt of State	
9.	MANAGING MEMBE		10 Dy 1812y	/ 1, 2003	ADDITIONS/CHANGES	x 3
THILE	MGR	Delete	TITLE	·	Change ADDITIONS/CHANGES	इस्तान
NAME	BACSO, THERESA A		NAME			
STREET ADDRESS	6910 S. W. 145 TERRACE			ADDRESS	U00000359562 05/04/05-80162-001 100.00	
CITY - ST - ZIP	MIAMI FL 33158		CITY S	ST- ZIP		
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NAME CAREL ADDOCCO			NAME			
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STREET ADDRESS				ADDRESS		
CIIY-SI-ZIF	partify that the info-mation with 1 Miles	- this file a data and the file	CITY-S		option (40.07(3))) Floride Challes Little Miles	
indicated limited lia	d on this report is true and accurate and ability company or the receiver or truste	i that my signature shall have e empowered to execute this	e the same s report as r	legal effect as if required by Chap	ection 119,07(3)(i), Florida Statutes. I further certify that the informa made under oath; that I am a managing member or manager of th oter 608, Florida Statutes.	6

FILED