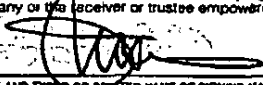


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

02-16-2004 90162 015 ****50.00

DOCUMENT # L03000015853																											
1. Entity Name 2300 NORTH MIAMI AVENUE MANAGEMENT, LLC																											
Principal Place of Business 915 LINCOLN ROAD MIAMI BEACH, FL 33139		Mailing Address 915 LINCOLN ROAD MIAMI BEACH, FL 33139																									
2. Principal Place of Business		3. Mailing Address																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																									
City & State		City & State																									
Zip	Country	Zip	Country																								
4. FEI Number 830361611		Applied For Not Applicable																									
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required																											
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent																									
MELAND, RUSSIN, HELLINGER & BUDWICK, P.A. 3000 FIRST UNION FINANCIAL CENTER 200 SOUTH BISCAYNE BLVD MIAMI, FL 33131		Name 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 office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.																											
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)																											
Filing Fee is \$50.00 Due by May 4, 2004		Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES																									
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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: 		2-12-04 305345977																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																											