

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 05, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000023657

1. Entity Name  
 1035 PROPERTY, LLC



Principal Place of Business  
 5835 BLUE LAGOON DR  
 SUITE 200  
 MIAMI, FL 33126-2067

Mailing Address  
 5835 BLUE LAGOON DR  
 SUITE 200  
 MIAMI, FL 33126-2067



03312005No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0063786	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DUARTE-VIERA, ANIBAL J  
 5835 BLUE LAGOON DR.  
 MIAMI, FL 33126

**DO NOT WRITE  
 IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DUARTE-VIERA, ANIBAL J 5835 BLUE LAGOON DR SUITE 200 MIAMI, FL 331262067
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GUZZO, JOHN R 5835 BLUE LAGOON DR., SUITE 200 MIAMI, FL 331262067
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 04/05/05-80017-008 55.00

**DO NOT WRITE  
 IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

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

Date

Daytime Phone #

JOHN R GUZZO

4-02-05

786-371-8234