2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

SKINATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING

Mar 15, 2004 8:00 am Secretary of State **DOCUMENT # L03000029150** 1. Entity Name 03-15-2004 90438 023 ****50.00 139TH AVENUE S.W. 8TH STREET, L.L.C. Principal Place of Business Mailing Address 444 BRICKELL AVE., STE. 415 444 BRICKELL AVE., STE, 415 MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address 444 BRICKELL AVENUE <u>444 BRICKELL AVENUE</u> Suite, Apt. #, etc. Suite, Apt. #, etc. 03092004 Chg-LLC CR2E083 (10/03) SUITE 415 SUITE 415 City & State City & State 4. FEI Number Applied For MIAMI, FLORIDA MIAMI, FLORIDA Not Applicable 65-1202407 Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 33131~2405 33131-2405 USA USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TAVARES, CHARLES Street Address (P.O. Box Number is Not Acceptable) 444 BRICKELL AVE., STE. 415 MIAMI, FL 33131 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aigneture required when reinstating) OATE Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE ☐ Delete TITLE Fig Change ☐ Addition P NAME NAME CHARLES TAVARES STREET ADDRESS STREET ADDRESS 444BRICKELL AVENUE, STE 415 City-St-ZiP CITY-ST-ZIP MIAMI, FLORIDA 33131-2405 Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS COY-ST-7P CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIF TITLE Defete TIT! F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. 305 710707 SIGNATURE:

ER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED