


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L03000035558

1. Entity Name
 535 MIAMI, L.L.C.



Principal Place of Business Mailing Address

1301 NW 89TH COURT, STE. 219 1301 NW 89TH COURT, STE. 219
 MIAMI, FL 33172 MIAMI, FL 33172

DO NOT WRITE IN THIS SPACE



03042005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 14-1895918	Applied For Not Applicable
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5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TORRES, GABRIEL
 1301 NW 89TH COURT, STE. 219
 MIAMI, FL 33172

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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 3-4-05

Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

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

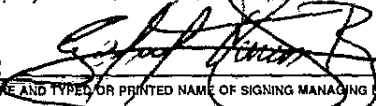
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TORRES, GABRIEL E 1301 NW 89TH COURT, STE. 219 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOJNOVER, DIEGO 1301 NW 89TH COURT, STE. 219 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PRABHAKAR, MAHAVEER P 9595 COLLINS AVE., #909N SURFSIDE, FL 33154
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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100000293672
 04/08/05-80137-022 50.00

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:  DATE: 3-4-05 (786) 344-1185

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #