

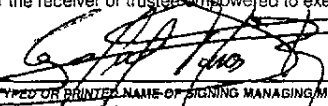


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L04000013156					
1. Entity Name 100 MIAMI, L.L.C.					
Principal Place of Business 1301 NW 89TH CT, STE 219 MIAMI, FL 33172			Mailing Address 1301 NW 89TH CT, STE 219 MIAMI, FL 33172		
2. Principal Place of Business 1301 NW 89th CT		3. Mailing Address 1301 NW 89th CT			
Suite, Apt. #, etc. SUITE 219		Suite, Apt. #, etc. SUITE 219			
City & State DORAL, FL 33178		City & State DORAL, FL		03042005 Chg-LLC CR2E083 (10/03)	
Zip 33178		Country USA		4. FEI Number NONE	
Zip 33178		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KOJNOVER, DIEGO 1301 NW 89TH CT, STE 219 MIAMI, FL 33172			7. Name and Address of New Registered Agent Name KOJNOVER, DIEGO Street Address (P.O. Box Number is Not Acceptable) 1301 NW 89th CT, STE 219 City DORAL FL Zip Code 33172		
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TORRES, GABRIEL E 1301 NW 89TH CT, STE 219 MIAMI, FL 33172	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NO CHANGE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOJNOVER, DIEGO 1301 NW 89TH CT, STE 219 MIAMI, FL 33172	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000000294265 04/08/05-80061-022 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PRABHAKAR, MAHAVEER P 9595 COLLINS AVE, #909N SURFSIDE, FL 33154	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			APRIL 1, 2005. 7863441185		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		