


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/9/2005-90115-013: \$50.00-\$50.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT -7 AM 10: 05

DOCUMENT # L04000023647 1. Entity Name SAN MARINO 355, LLC					
Principal Place of Business 2159 CORAL WAY, SUITE B MIAMI, FL 33145			Mailing Address 2159 CORAL WAY, SUITE B MIAMI, FL 33145		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 14160 Palmetto Frontage Rd Suite 21		08302005 Chg-LLC CR2E083 (10/03)	
City & State		City & State Miami Lakes FL		4. FEI Number 33-1099337	
Zip 33016	Country	Zip 33016	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BOSCHETTI, JOSE R 2901 SW 8 STREET, STE. 204 MIAMI, FL 33135				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 7, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOSCHETTI, JOSE R 2159 CORAL WAY, SUITE B MIAMI, FL 33145	<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	MGR EISNER, NEIL 7602 MARBLEHEAD LANE PARKLAND, FL 33067	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="font-size: 2em; font-weight: bold; text-align: center;">REINSTATEMENT 2005</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FALCONE, ARTHUR 7602 MARBLEHEAD LANE PARKLAND, FL 33067	<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	MGR CAPARROS, MARTIN JR 14160 PALMETTO FRONTAGE RD., STE. 21 MIAMI LAKES, FL 33016	<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)(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: 9/7/05 Daytime Phone #: 305-827-3265		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					