## 2005 HIMITED HADII ITV COMDAN

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

## **FILED** Apr 26, 2005 8:00 am Secretary of State

04-26-2005 90011 031 \*\*\*\*50.00

2003	ANNUAL REPORT	

DOCUMENT # L04000062440 INTERPLAZA INVESTMENTS L.L.C. Principal Place of Business Mailing Address 520 BRICKELL KEY DRIVE, SUITE 0-305 20047320 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 03182005 Chg-LLC CR2E083 (10/03) City & State City & State Applied For 70-1541067 Not Applicable Zip Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TRANSGLOBAL CORP. ADMINISTRATION LLC TRANSGLOBAL CORPORATE ADMINISTRATION, INC. Street Address (P.O. Box Number is Not Acceptable) 520 BRICKELL KEY DRIVE, SUITE Q-305 MIAMI, FL 33131 520 BRICKELL KEY DRIVE, SUITE 0-305 8. The above named entity submits to 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 register ed agen Signature, typed or pripted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee Is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. VICE PRESIDENT TITLE VICE PRESIDENT TITLE Delete ☐ Change 🔼 Addition HERNANDEZ, CARMENZA NAME NAME HERNANDEZ, CARMENZA 520 BRICKÉLL KEY DRIVE, SUITE 0-305 STREET ADDRESS STREET ADDRESS 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI FL 33131 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP ☐ Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ 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 eceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. - della

CARMENZA HERNANDE