

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90071 012 ****55.00

DOCUMENT # L04000066862

1. Entity Name
2320 LLC



Principal Place of Business
520 HARBOR DRIVE
KEY BISCAVNE, FL 33149 US

Mailing Address
P.O. BOX 14-1933
CORAL GABLES, FL 33114 US

40004003



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01132005 Chg-LLC CR2E083 (10/03)

City & State
Zip Country

City & State
Zip Country

4. FEI Number
84-1660840

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CARRAZANA, ENRIQUE A
520 HARBOR DRIVE
MIAMI, FL 33149

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 ENRIQUE A. CARRAZANA-- JANUARY 24, 2005.-
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

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

**Make check payable to
Florida Department of State**

MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CARRAZANA, ALICIA M.	
STREET ADDRESS	520 HARBOR DRIVE	
CITY-ST-ZIP	KEY BISCAVNE, FL 33149	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CARRAZANA, ENRIQUE A	
STREET ADDRESS	520 HARBOR DRIVE	
CITY-ST-ZIP	KEY BISCAVNE, FL 33149	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	CARRAZANA, ENRIQUE J	
STREET ADDRESS	520 HARBOR DRIVE	
CITY-ST-ZIP	KEY BISCAVNE, FL 33149	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	CARRAZANA, MARIA D	
STREET ADDRESS	520 HARBOR DRIVE	
CITY-ST-ZIP	KEY BISCAVNE, FL 33149	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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.

SIGNATURE: ALICIA M. CARRAZANA-- MGRM JANUARY 24, 2005.- (305) 361-2645
Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #