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					01-28-2005 90071 012 ****55.00					
Principal Place	Mailing Address	dress		C004000						
520 HARBOR DRIVE KEY BISCAYNE, FL 33149 US		P.O. BOX 14-1933 Coral Gables, FL 33114 US								
KET DISOATIVE	-,11 33143 03	CORNE ORDEES, I C 33 I	114 0	.J			// EE/IE EIII®		IBB: III (BB)	
3. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01132005	Chg-LLC	CR2E	(10/03)			
City & State		City & State		4. FEI Number 84-1	660840		t	oplied For		
Zip	Country Zip Cou		Country	у	5. Certificate of Status Desired \$5.00 Additional Fee Required					
	6. Name and Address of Current R	legistered Agent			7. Name and	Address of New F	Registered	l Agent		
CARRAZANA, ENRIQUE A				Name						
520 HARBOR DRIVE MIAMI, FL 33149				Street Address (P.O. Box Number is Not Acceptable)						
			City				FI	Zip Code	3	
8. The above n	named entity submits this statement for	office or registe	red agent, or both	, in the State of Flo	orida. I an	n familiar with,	and accept			
the obligations of registered agent. SIGNATURE ENRIQUE A. CARRAZANA - Control of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE OATE										
, -	and the control of th	to the inapplicable. (1401L.)	riedisteron Q	Dent signature required	WHOII IONISIALKING)		DATE			
						يف ۱۶	Aug. Co.	1000	25.	
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2. Fili	ing Fee Is \$50.00 e by May 1, 2005 MANAGING MEMBER	S/MANAGERS	10.			Mak	e check a Departr	payable to nent of State		
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increase certain that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1); Florida Statutas. 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 seceiver or pustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ALLCIA M. CARRAZANA -- MGRM JANUARY 24, SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE 2005.-<u>(305) 361-2645</u> Date Daytime Phone #