2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

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OR PRINTED NAME OF

Mar 28, 2005 08:00 AM DOCUMENT # L98000000961 **Secretary of State** 1. Entity Name NAZÁRI ASSOCIATES, LLC Principal Place of Business Mailing Address 3500 N. 55TH AVENUE 3500 N. 55TH AVENUE HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 01182005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0856853 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SARAGOVIA, EFRAIM 3500 N. 55TH AVENUE HOLLYWOOD, FL 33021 IN THIS SPACE 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. Signature, typed or printed name of registered agent and tale if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. mi e MGRM **SARAGOVIA, EFRAIM** NAME STREET ADDRESS 3500 N. 55TH AVENUE CITY-ST-ZIP HOLLYWOOD, FL 33021 ციონნი278402 ცგ/28/US-80023-024 50.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE DITY-ST-7P IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CTTY-ST-ZIP TITI F 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 securate 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.

ING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED