


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # M00000001360 1. Entity Name 3050 HOLDINGS, L.L.C.	
--	---

Principal Place of Business C/O E.F. HUTTON CORP., 2000 S. DIXIE HWY SUITE 100 MIAMI, FL 33133	Mailing Address C/O E.F. HUTTON CORP., 2000 S. DIXIE HWY SUITE 100 MIAMI, FL 33133
---	---

DO NOT WRITE IN THIS SPACE



03112005No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0391588	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FIELDSTONE, RONALD R
201 ALHAMBRA CIRCLE, SUITE 601
CORAL GABLES, FL 33134

DO NOT WRITE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

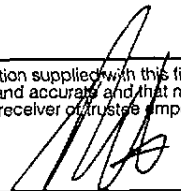
Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS FIELDSTONE, RONALD 201 ALHAMBRA CIRCLE, STE #601 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOUGHAN, LEO 450 N PARK ROAD, STE #403 HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AGHA, ABDUL 6701 SUNSET DRIVE, STE E203-B MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOLKAR, REZA 7010 MIRA FLORES CORAL GABLES, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000275855
03/24/05-80060-018 50.00

DO NOT WRITE IN THIS SPACE

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: 3/16/05 DAYTIME PHONE #: 305.856.5858

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