

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000000089

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: 2000 ISLAND BOULEVARD, LLC

**Current Principal Place of Business:**

7900 ISLAND BLVD.  
AVENTURA, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

7900 ISLAND BLVD.  
AVENTURA, FL 33160

**New Mailing Address:**

FEI Number: 65-0665393      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: WILLIAMS ISLAND HOLD, INGS, INC.  
Address: 7900 ISLAND BLVD.  
City-St-Zip: AVENTURA, FL 33160

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PS ( ) Change (X) Addition  
Name: MATUS, ALAN  
Address: 4000 ISLAND BLVD., PH2  
City-St-Zip: MIAMI, FL 33160

Title: EVP ( ) Change (X) Addition  
Name: LIEB, JAMES  
Address: 4000 ISLAND BLVD., PH2  
City-St-Zip: MIAMI, FL 33160

Title: SVP ( ) Change (X) Addition  
Name: ELBERT, DONALD  
Address: 4000 ISLAND BLVD., PH2  
City-St-Zip: AVENTURA, FL 33160

Title: AVP ( ) Change (X) Addition  
Name: TORPEY, CARITE  
Address: 4000 ISLAND BLVD., PH2  
City-St-Zip: AVENTURA, FL 33160

Title: AVGC ( ) Change (X) Addition  
Name: CIACCHI, BETTY  
Address: 4000 ISLAND BLVD., PH2  
City-St-Zip: MIAMI, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ALAN MATUS

PS

04/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date