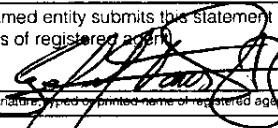
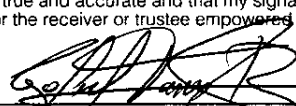


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90408 029 ****50.00

DOCUMENT # L03000035558 1. Entity Name 535 MIAMI, L.L.C.					
Principal Place of Business 1301 NW 89TH COURT, STE. 219 MIAMI FL 33172			Mailing Address 1301 NW 89TH COURT, STE. 219 MIAMI FL 33172		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 14-1895918	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KOJNOVER, DIEGO 1301 NW 89TH COURT, STE. 219 MIAMI FL 33172			Name GABRIEL TORRES Street Address (P.O. Box Number is Not Acceptable) 1301 NW 89TH COURT, STE 219 City MIAMI FL Zip Code 33172		
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 01/26/04		
Signature typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TORRES, GABRIEL E 1301 NW 89TH COURT, STE. 219 MIAMI FL 33172	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOJNOVER, DIEGO 1301 NW 89TH COURT, STE. 219 MIAMI FL 33172	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PRABHAKAR, MAHAVEER P 9595 COLLINS AVE., #909N SURFSIDE FL 33154	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
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 JAN 26 2004 Daytime Phone # 786 3441185		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					