


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90069 004 \*\*\*\*50.00

<b>DOCUMENT # L01000007437</b>	
1. Entity Name <b>FLYBRIDGE INVESTMENTS LC</b>	

Principal Place of Business <b>1221 BRICKELL AVE. SUITE 1100 MIAMI, FL 33131</b>	Mailing Address <b>1221 BRICKELL AVE. SUITE 1100 MIAMI, FL 33131</b>
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2. Principal Place of Business <b>1390 Brickell Ave.</b>	3. Mailing Address <b>1390 Brickell Ave.</b>
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Suite, Apt. #, etc. <b>Suite 200</b>	Suite, Apt. #, etc. <b>Suite 200</b>
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City & State <b>Miami - Florida</b>	City & State <b>Miami - Florida</b>
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Zip <b>33131</b>	Country <b>USA</b>	Zip <b>33131</b>	Country <b>USA</b>
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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AGRAMUNT, LUIS 1221 BRICKELL AVE. SUITE 1100 MIAMI, FL 33131	Name <b>Luis Agramunt</b> Street Address (P.O. Box Number is Not Acceptable) <b>1390 Brickell Ave., suite 200</b> City <b>Miami</b> FL Zip Code <b>33131</b>
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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 **04/26/2004**  
Signature, typed or printed name of registered agent and title if applicable. (Typed Registered Agent signature required when reinstating)

Make check payable to Florida Department of State	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOODWARD, RANDALL 1221 BRICKELL AVE. MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Luis Agramunt 1390 Brickell Ave., Suite 200 Miami, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** \_\_\_\_\_ **LUIS AGRAMUNT** **04/26/2004** **305-373.5802**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #