

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90083 016 ****50.00

DOCUMENT # L02000010789
 1. Entity Name
 INSIDE PROPERTY MANAGEMENT, L.L.C.



24061385



Principal Place of Business Mailing Address
 C/O ALLEN & GALEGO C/O ALLEN & GALEGO
 601 BRICKELL KEY DRIVE, SUITE 805 601 BRICKELL KEY DRIVE, SUITE 805
 MIAMI, FL 33131 MIAMI, FL 33131

2. Principal Place of Business 3. Mailing Address
 C/O Robert Allen Law C/O Robert Allen Law
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 1441 Brickell Ave, suite 1014 1441 Brickell Ave., suite 1014

04292004 Chg-LLC CR2E083 (10/03)

City & State City & State
 MIAMI, FL MIAMI, FL

4. FEI Number Applied For
 16-1632485 Not Applicable

Zip Country Zip Country
 33131 33131

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 ALLEN & GALEGO
 601 BRICKELL KEY DRIVE, SUITE 805
 MIAMI, FL 33131

7. Name and Address of New Registered Agent
 Name Robert Allen Law
 Street Address (P.O. Box Number is Not Acceptable)
 1441 Brickell Ave.
 Suite 1014
 City MIAMI FL Zip Code 33131

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]* By: Robert N. Allen, Jr. President 4/29/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SALAZAR PERALTA, LUIS F 601 BRICKELL KEY DRIVE, #805 MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SALAZAR PERALTA, LUIS F 1441 Brickell Ave. Suite 1014 MIAMI, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* Robert N. Allen, Jr. 4/29/04 305-372-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #