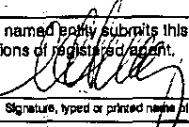
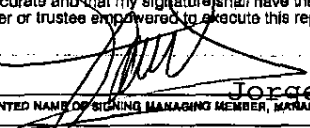


**FILED**  
**Jul 23, 2004 8:00 am**  
**Secretary of State**

07-23-2004 90068 015 \*\*\*\*50.00

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                    |                                 |                                                                                                                                                                                                                    |                                                                                   |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # L03000053221</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    |                                 |                                                                                                                                                                                                                    |  |                                                                   |
| 1. Entity Name<br>LANYKO PROPERTIES, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                    |                                 |                                                                                                                                                                                                                    |                                                                                   |                                                                   |
| Principal Place of Business<br>40205 FISHER ISLAND DR<br>FISHER ISLAND, FL 33109                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                    |                                 | Mailing Address<br>40205 FISHER ISLAND DR<br>FISHER ISLAND, FL 33109                                                                                                                                               |                                                                                   |                                                                   |
| 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<br>20-0495569                                                       | Applied For<br>Not Applicable                                     |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                    |                                 |                                                                                                                                                                                                                    | \$5.00 Additional Fee Required                                                    |                                                                   |
| 6. Name and Address of Current Registered Agent<br>LEWIS, HAROLD L<br>ONE BISCAYNE TOWER, STE. 2400<br>2 SOUTH BISCAYNE BLVD.<br>MIAMI, FL 33131                                                                                                                                                                                                                                                                                                                                                              |                                                                                    |                                 | 7. Name and Address of New Registered Agent<br>Name<br>CORPORATION COMPANY OF MIAMI<br>Street Address (P.O. Box Number is Not Acceptable)<br>201 S. Biscayne Blvd., #1500KDC<br>City<br>Miami FL Zip Code<br>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.<br>SIGNATURE  Felicia Hickey, Asst. Secretary of Corporation Company of Miami<br>(NOTE: Registered Agent signature required when re-appointing)                                               |                                                                                    |                                 |                                                                                                                                                                                                                    |                                                                                   |                                                                   |
| Filing Fee is \$50.00<br>Due by September 8, 2004                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                    |                                 | Make check payable to<br>Florida Department of State                                                                                                                                                               |                                                                                   |                                                                   |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                    |                                 | 10. ADDITIONS/CHANGES                                                                                                                                                                                              |                                                                                   |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Manager<br>Jorge Tchinnosian<br>40205 Fisher Island Dr.<br>Fisher Island, FL 33109 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                     |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                     |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                     |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                     |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                     |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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)(1), 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:  Jorge Tchinnosian, Manager July 13, 2004<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #                                                                                                                                                                                                                                         |                                                                                    |                                 |                                                                                                                                                                                                                    |                                                                                   |                                                                   |