

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000020921

Entity Name: 310, LLC

FILED
Jan 27, 2005
Secretary of State

Current Principal Place of Business:

C/O ARAN CORREA & GUARCH, P.A.
710 SOUTH DIXIE HIGHWAY
CORAL GABLES, FL 33146

Current Mailing Address:

C/O ARAN CORREA & GUARCH, P.A.
710 SOUTH DIXIE HIGHWAY
CORAL GABLES, FL 33146

New Principal Place of Business:

C/O ARAN CORREA & GUARCH, P.A.
710 SOUTH DIXIE HIGHWAY
CORAL GABLES, FL 331462602 US

New Mailing Address:

C/O ARAN CORREA & GUARCH, P.A.
710 SOUTH DIXIE HIGHWAY
CORAL GABLES, FL 331462602

FEI Number: 02-0719208

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUARCH, J M JR, ESQ
710 SOUTH DIXIE HIGHWAY
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

GUARCH, J M JR, ESQ
710 SOUTH DIXIE HIGHWAY
CORAL GABLES, FL 331462602 US

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:

01/27/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: ACGG, INC.,
Address: 710 S. DIXIE HIGHWAY
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ACGG, INC.,
Address: 710 SOUTH DIXIE HIGHWAY
City-St-Zip: CORAL GABLES, FL 331462602

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: J. M. GUARCH

MEMB

01/27/2005

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