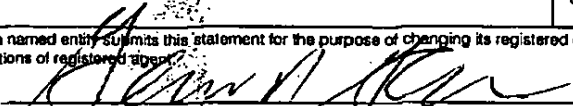
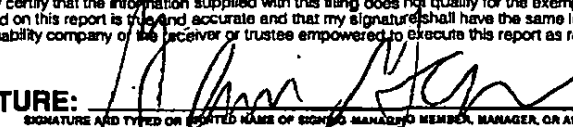


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

17.

FILED
Feb 21, 2005 8:00 am
Secretary of State

01-20-2005 90008 017 ***150.00

DOCUMENT # L04000016280 1. Entity Name CIP GROUP OF HOMESTEAD, LLC					
Principal Place of Business 8603 SOUTH DIXIE HWY SUITE 208 MIAMI, FL 33143			Mailing Address 8603 SOUTH DIXIE HWY SUITE 208 MIAMI, FL 33143		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-1091237	
5. Certificate of Status Desired ☐				☒ Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent ESPINO, LUIS A 201 S. BISCAYNE BLVD 4TH FLOOR MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 1-13-05 Signature of agent or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GARCIA, GENARO 8603 SOUTH DIXIE HWY, SUITE 208 MIAMI, FL 33143	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
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 1-13-05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		

30000499



01122005 Chg-LLC CR2E083 (10/03)