
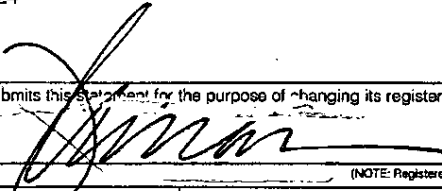
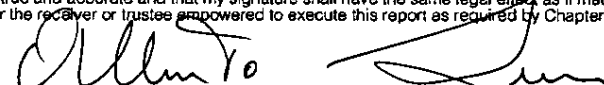


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90353 036 \*\*\*\*50.00

DOCUMENT # L03000048650			
1. Entity Name 1803 MURANO LLC			
Principal Place of Business 1111 BRICKELL AVENUE, SUITE 1700 (RFH) MIAMI, FL 33131		Mailing Address 1111 BRICKELL AVENUE, SUITE 1700 (RFH) MIAMI, FL 33131	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name: Jeffrey E. Lehrman Street Address (P.O. Box Number is Not Acceptable): 2222 Ponce de Leon Blvd. Suite 500 City: Coral Gables FL Zip Code: 33134	
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...		4. FEI Number 20-0445830 Applied For Not Applicable	
SIGNATURE: 		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Filing Fee is \$90.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGR NAME: ECKES-CHANTRE, HEIDRUM STREET ADDRESS: 3780 GSTAAD CITY-ST-ZIP: SWITZERLAND, <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: MGR NAME: LENS, ALBERTO STREET ADDRESS: 3780 GSTAAD CITY-ST-ZIP: SWITZERLAND, <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		02-10-2005	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

20021204



02072005 Chg-LLC CR2E083 (10/03)

Alberto Lensi