

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # M00000001360

1. Entity Name
3050 HOLDINGS, L.L.C.



Principal Place of Business

C/O E.F. HUTTON CORP., 2000 S. DIXIE HWY
SUITE 100
MIAMI, FL 33133

Mailing Address

C/O E.F. HUTTON CORP., 2000 S. DIXIE HWY
SUITE 100
MIAMI, FL 33133



03112005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0391588

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FIELDSTONE, RONALD R
201 ALHAMBRA CIRCLE, SUITE 601
CORAL GABLES, FL 33134

**DO NOT WRITE
IN THIS SPACE**

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, 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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE PS
NAME FIELDSTONE, RONALD
STREET ADDRESS 201 ALHAMBRA CIRCLE, STE #601
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE V
NAME GOUGHAN, LEO
STREET ADDRESS 450 N PARK ROAD, STE #403
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE V
NAME AGHA, ABDUL
STREET ADDRESS 6701 SUNSET DRIVE, STE E203-B
CITY-ST-ZIP MIAMI, FL 33183

TITLE T
NAME GOLKAR, REZA
STREET ADDRESS 7010 MIRA FLORES
CITY-ST-ZIP CORAL GABLES, FL 33143

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000275855
03/24/05-80050-018 50.00

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/16/05

305.856.5858