



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 08, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000013156</b>					
<b>1. Entity Name</b> 100 MIAMI, L.L.C.					
<b>Principal Place of Business</b> 1301 NW 89TH CT, STE 219 MIAMI, FL 33172			<b>Mailing Address</b> 1301 NW 89TH CT, STE 219 MIAMI, FL 33172		
<b>2. Principal Place of Business</b> 1301 NW 89th CT		<b>3. Mailing Address</b> 1301 NW 89th CT			
Suite, Apt. #, etc. SUITE 219		Suite, Apt. #, etc. SUITE 219			
City & State DORAL, FL 33178		City & State DORAL, FL			
Zip 33178		Zip 33178			
Country USA		Country USA		03042005    Chg-LLC    CR2E083 (10/03)	
<b>4. FEI Number</b> NONE				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required				<b>6. Name and Address of Current Registered Agent</b> KOJNOVER, DIEGO 1301 NW 89TH CT, STE 219 MIAMI, FL 33172	
<b>7. Name and Address of New Registered Agent</b> Name: KOJNOVER, DIEGO Street Address (P.O. Box Number is Not Acceptable): 1301 NW 89th CT, STE 219 City: DORAL    FL    Zip Code: 33172				<b>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.</b>	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TORRES, GABRIEL E 1301 NW 89TH CT, STE 219 MIAMI, FL 33172	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOJNOVER, DIEGO 1301 NW 89TH CT, STE 219 MIAMI, FL 33172	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PRABHAKAR, MAHAVEER P 9595 COLLINS AVE, #909N SURFSIDE, FL 33154	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<b>10. ADDITIONS/CHANGES</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NO CHANGE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.</b>					
<b>SIGNATURE:</b> _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date: APRIL 1, 2005    Daytime Phone #: 786 344 1185					