


**2005 LIMITED LIABILITY COMPANY
AMENDED ANNUAL REPORT**

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90040 041 ****50.00

DOCUMENT # L02000000686	
1. Entity Name 1590 N.E. 118TH STREET, LLC	

Principal Place of Business 3550 BISCAYNE BLVD #402 MIAMI, FL 33137	Mailing Address 3550 BISCAYNE BLVD #402 MIAMI, FL 33137
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14002409



2. Principal Place of Business 3550 Biscayne Blvd. Suite, Apt. #, etc. #402	3. Mailing Address 3550 Biscayne Blvd. Suite, Apt. #, etc. #402
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04192005 Chg-LLC CR2E083 (10/03)

City & State Miami FL	City & State Miami FL
Zip 33137	Zip 33137
Country	Country

4. FEI Number 37-1422962	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MILLER, BONNIE S CPA 9050 PINES BLVD STE 384 HOLLYWOOD, FL 33024	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MELTZER, ANDREW 3550 BISCAYNE BLVD #402 MIAMI, FL 33137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3550 Biscayne Blvd #402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KERZNER, PAUL 3550 BISCAYNE BLVD #402 MIAMI, FL 33137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3550 Biscayne Blvd #402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MELTZER, LOUIS 3550 BISCAYNE BLVD #402 MIAMI, FL 33137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition #402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARBAGALLO, GREG 3550 BISCAYNE BLVD #402 MIAMI, FL 33137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition #402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #