
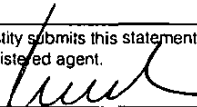
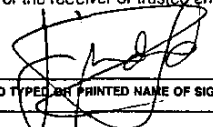


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90053 006 \*\*\*\*50.00

<b>DOCUMENT # L02000013801</b> 1. Entity Name <b>CAREY USA PROPERTIES, LLC</b>					
Principal Place of Business <b>848 BRICKELL AVENUE PENTHOUSE 1 MIAMI, FL 33131</b>			Mailing Address <b>848 BRICKELL AVENUE PENTHOUSE 1 MIAMI, FL 33131</b>		
2. Principal Place of Business <b>848 Brickell Ave</b> Suite, Apt. #, etc. <b>700</b> City & State <b>Miami FL</b> Zip <b>33131</b> Country <b>USA</b>			3. Mailing Address <b>848 Brickell Ave</b> Suite, Apt. #, etc. <b>700</b> City & State <b>Miami FL</b> Zip <b>33131</b> Country <b>USA</b>		
4. FEI Number <b>01-0749360</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			01052005 Chg-LLC CR2E083 (10/03)		
6. Name and Address of Current Registered Agent  <b>MURAI WALD BIONDO &amp; MORENO, P.A. 900 INGRAHAM BUILDING 25 SOUTHEAST SECOND AVENUE MIAMI, FL 33131</b>			7. Name and Address of New Registered Agent Name <b>Murai Wald Biondo Moreno &amp; Brochin P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>Two Alhambra Plaza</b> <b>Penthouse 1-B</b> City <b>Coal Gables</b> FL Zip Code <b>33134</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. SIGNATURE  <b>Rene V. Murai</b> <b>4/21/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS ARDID, JOSE 848 BRICKELL AVE STE 700 MIAMI, FL 33131	<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	VPT GONZALO, MUDUZ 848 BRICKELL AVE STE 700 MIAMI, FL 33131	<input checked="" 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	ASVP ARDID, INIGO 848 BRICKELL AVE STE 700 MIAMI, FL 33131	<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	D ARDID, DIEGO 848 BRICKELL AVE STE 700 MIAMI, FL 33131	<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
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.					
<b>SIGNATURE: x</b> 			<b>Jose Ardid</b> <b>4/18/05</b> <b>305-377-1001</b> <small>Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		

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