


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-29-2005 90056 048 ****50.00

DOCUMENT # L02000010789 1. Entity Name INSIDE PROPERTY MANAGEMENT, L.L.C.	
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Principal Place of Business C/O ROBERT ALLEN LAW 1441 BRICKELL AVE, STE 1014 MIAMI, FL 33131	Mailing Address C/O ROBERT ALLEN LAW 1441 BRICKELL AVE, STE 1014 MIAMI, FL 33131
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20051451



2. Principal Place of Business 1441 Brickell Avenue	3. Mailing Address 1441 Brickell Avenue
Suite, Apt. #, etc. Suite 1400	Suite, Apt. #, etc. Suite 1400

04272005 Chg-LLC GR2E083 (10/03)

City & State Miami, FL	City & State Miami, FL
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4. FEI Number 16-1632485	Applied For Not Applicable
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Zip 33131	Country USA	Zip 33131	Country USA
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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 ALLEN LAW, ROBERT 1441 BRICKELL AVE STE 1014 MIAMI, FL 33131
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7. Name and Address of New Registered Agent Name: Robert Allen Law Street Address (P.O. Box Number is Not Acceptable): 1441 Brickell Ave Suite 1400 City: Miami, FL Zip Code: 33131
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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 _____

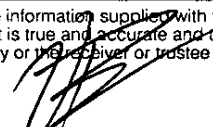
Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS	
TITLE: MGR NAME: SALAZAR PERALTA, LUIS F <input checked="" type="checkbox"/> Delete STREET ADDRESS: 1441 BRICKELL AVE, STE 1014 CITY-ST-ZIP: MIAMI, FL 33131	
TITLE: _____ NAME: _____ <input type="checkbox"/> Delete STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ NAME: _____ <input type="checkbox"/> Delete STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ NAME: _____ <input type="checkbox"/> Delete STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ NAME: _____ <input type="checkbox"/> Delete STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ NAME: _____ <input type="checkbox"/> Delete STREET ADDRESS: _____ CITY-ST-ZIP: _____	

10. ADDITIONS / CHANGES	
TITLE: MGR NAME: Salazar Peralta, Luis F. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: 1441 Brickell Avenue, Suite 1400 CITY-ST-ZIP: Miami, FL 33131	
TITLE: _____ NAME: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ NAME: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ NAME: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ NAME: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ NAME: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: _____ CITY-ST-ZIP: _____	

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:  **Umberto Bonavita** 4/27/05 (305) 372-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____