


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

05-13-2005 90048 011 \*\*\*\*50.00

**2005 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

<b>DOCUMENT # L04000070061</b> 1. Entity Name <b>RILEA DANIA, LLC</b>	
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30009815

Principal Place of Business <b>848 BRICKELL AVENUE SUITE 1010          MIAMI, FL 33131</b>	Mailing Address <b>848 BRICKELL AVENUE SUITE 1010          MIAMI, FL 33131</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Zip

01132005 Chg-LLC GR2E083 (10/03)

8. Name and Address of Current Registered Agent <b>OJEDA, ALAN          848 BRICKELL AVENUE SUITE 1010          MIAMI, FL 33131</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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4. FEI Number <b>41-2153125</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

9. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, name or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when registering)

<b>Filing Fee is \$50.00          Due by May 1, 2005</b>		Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <i>MANAGING MEMBER            ALAN OJEDA            848 BRICKELL AVE #1010            MIAMI FLORIDA 33131</i>	<input type="checkbox"/> Change <input checked="" 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
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)(k), 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 808, Florida Statutes.

SIGNATURE: *[Signature]* 4/25/05 (305) 371-5254

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER: MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE