2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000001086

FILED
Jul 02, 2005
Secretary of State

Entity Name: 10-31,L.C.

Current Principal Place of Business:

2199 PONCE DE LEON BLVD
STE 301
MIAMI, FL 33134

New Principal Place of Business:

Current Mailing Address:

2199 PONCE DE LEON BLVD
STE 301
MIAMI, FL 33134

New Mailing Address:

FEI Number: 65-0735686 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

STEWART AGENT SERVICE
2199 PONCE DE LEON BLVD
SUITE 305
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ______________________________
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: STINSON, LOUIS JR
Address: 2199 PONCE DE LEON BLVD 301
City-St-Zip: CORAL GABLES, FL 33146

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SEC ( ) Change (X) Addition
Name: JORDAN, KATHRYN D
Address: 2199 PONCE DE LEON BOULEVARD, SUITE 301
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LOUIS STINSON, JR. MGR 07/02/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date