2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 06, 2005 8:00 am Secretary of State

DOCUMENT # L00000002800 1. Entity Name MAROCMIAMI, L.L.C.						04-06-2005 90022 038 ****55.00				
Principal Place of Business 8724 S.W. 54TH TERRACE MIAMI, FL 33165 US		Mailing Address 8724 S.W. 54TH TERRACE MIAMI, FL 33165 US			20026913					
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				03142005	Chg-LLC	CR2I	E083 (10/03)	
City & State		City & State				4. FEI Number 65-1119486			⊢	oplied For ot Applicable
Zip	Country	Zip	Count	ry	-		of Status Desire		Fee Require	ditional
	6. Name and Address of Current	Registered Agent					Address of Ne			
AMADOD	DOLANDO A			Name BENAMOUR, LOUR DES						
	ROLANDO A 54TH TERRACE 33165	-					er is Not Accept			
					~1A1			F		° 33141
	named entity submits this statement for ions of registered agent.	r the purpose of changing its r	registere	ed office or	r register	ed agent, or bo	th, in the State o		m familiar with, 3 2005	
- Clark World	Signature, typed or printed name of registered agent a	and fille if applicable. (NOTE:	: Registered	i Agent signati	ure required	when reinstating)		DATE		
 Fi	Signature, typed or printed refree of registered agent of the signature of	and file if applicable. (NOTE:	: Registered	d Agent signati	ure required	when reinstaling)	» Flo	lake check	payable to ment of State	
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Fi De	iling Fee is \$50.00 ue by May 1, 2005			-, -	ure required	when reinstating)	Flo	lake check rida Depart	payable to ment of Stat	e Addition
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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 acquirate 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: VICEVITABLE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

(305)867-5944