


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90036 031 ****50.00

DOCUMENT # L00000004609	
1. Entity Name MIAMI TELESITE LLC	

Principal Place of Business 2200 SOUTH DIXIE HWY. #702 MIAMI, FL 33133	Mailing Address 3052 SW 27TH AVE 101 MIAMI, FL 33133
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14002170



2. Principal Place of Business 2200 SOUTH DIXIE HWY	3. Mailing Address 2200 SOUTH DIXIE HWY
Suite, Apt. #, etc. SUITE #705	Suite, Apt. #, etc. SUITE #705
City & State COCONUT GROVE, FL	City & State COCONUT GROVE FL
Zip 33133	Zip 33133
Country DADE	Country DADE

04182005 Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1025574	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent RENZI, RENZO 3052 SW 27TH AVE 101 MIAMI, FL 33133	
7. Name and Address of New Registered Agent Name: RENZI, RENZO Street Address (P.O. Box Number is Not Acceptable) 2200 SOUTH DIXIE HWY SUITE #705 City: COCONUT GROVE FL Zip Code: 33133	

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 _____ DATE **4-15-05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RENZI, RENZO 3052 SW 27TH AVE 101 MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RENZI, RENZO 201 CRANDON BLVD #163 KEY BISCAYNE, FL 33149 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PASQUALE, RENAI 3052 SW 27TH AVE 101 MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RENZI, PASQUALE 7120 WEST LAGO DR. MIAMI FL 33143 <input checked="" 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
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.

SIGNATURE:  **PASQUALE RENZI** **04-15-05** **305-858-2256**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #