## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 19, 2005 08:00 AM Secretary of State

| DOCUMENT # L0000009730  1. Entity Name 1438 COLLINS AVENUE, LLC  | Secretary of State  |
|--|---|
| Principal Place of Business  1444 COLLINS AVE MIAMI BEACH, FL 33139  Mailing Address  1444 COLLINS AVE MIAMI BEACH, FL 33139   |   |
| DO NOT WRITE IN THIS SPAC  | 02232005 No Chg-LLC CR2E083 (10/03)  4. FEI Number Applied For 65-1034821 Not Applicable  5. Certificate of Status Desired \$5.00 Additional Fee Required |
| 6. Name and Address of Current Registered Agent WEIDER, NORMAN S ESQ. 100 SE 2ND ST., SUTIE 3950 MIAMI, FL 33131   | DO NOT WRITE<br>IN THIS SPACE   |
| The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent.    Columnia       | d office or registered agent, or both, in the State of Florida. I am familiar with, and accept  |
| A STATE OF THE STA | Agent signature required, when reinstating) DATE  |
| Filing Fee is \$50.00<br>Due by May 1, 2005  |   |
| MANAGING MEMBERS/MANAGERS  TITLE MGR  1444 COLLINS AVENUE CORP  STREET ADDRESS CITY-ST-ZIP  MIAMI BEACH, FL 33139  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP   | Noonnoz69779<br>03/19/05-80023-025 50.00  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | DO NOT WRITE<br>IN THIS SPACE   |
| NAME STREET ADDRESS CITY-ST-ZIP  | IN TING OF AGE  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |
| 11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE AND TYPED DA PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE  Date   |   |