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## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 14, 2005 8:00 am Secretary of State

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Solit Act 4 co	2601 S. BAYSHORE DRIVE 10TH FLOOR C/O WILLY A. BERMELLO  2601 S. BAYSHORE DRIVE 10TH FLOOR C/O WILLY A. BERMELLO				
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Name and Address of Current Registered Agent	Suite	1000	1		03012005 Chg-LLC CR2E083 (10/03)
Sp   SS_00 Additional   SS_00				خار م	
S. Name and Address of Current Registered Agent   Name	Zip	Country	Zip	Country	5. Certificate of Status Desired 55.00 Additional
NRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE SUITE 3000 MIAMI, FL 33131  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flo	331			USA	
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  THIING Fee is \$50.00  Due by May 1, 2005  9. MANAGING MEMBERS/MANAGERS/  9. MANAGING MEMBERS/MANAGERS/  10. ADDITIONS/CHANGES  TITLE  MARE  SIRET ADDRESS  CITY-ST-2P  MIAMI, FL 33133  CITY-ST-2P  MIAMI, FL 33133  CITY-ST-2P  MIAMI, FL 33133  CITY-ST-2P  TITLE  NAME  SIRET ADDRESS  CITY-ST-2P  Change Addition  Addition  MARE  SIRET ADDRESS  CITY-ST-2P  TITLE  NAME  SIRET ADDRESS  CITY-ST-2P  Change Addition  Addition  AND  SIRET ADDRESS  CITY-ST-2P  TITLE  NAME  SIRET ADDRESS  CITY-ST-2P  Change Addition  Addition  AND  SIRET ADDRESS  CITY-ST-2P  TITLE  NAME  SIRET ADDRESS  CITY-ST-2P  Change Addition  AND  SIRET ADDRESS  CITY-ST-2P  Change Addition  Addition  AND  SIRET ADDRESS  CITY-ST-2P  Change Addition  Addition  AND  SIRET ADDRESS  CITY-ST-2P  Change Addition  Addition  ADDITIONS  CITY-ST-2P  Addition  ADDITIONS  CITY-ST-2P  Addition  ADDITIONS  CITY-ST-2P  Addition  ADDITIONS  CITY-ST-2P  Change  Change  Addition  ADDITIONS  CITY-ST-2P  Change  Change  Addition  ADDITIONS  CITY-ST-2P  Change  C	BUDACTA			Name	<u> </u>
MIAMI, FL 33131  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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Tilling Fee is \$50.00	701 BRICI	KELL AVE	PORATION	Street	Address (P.O. Box Number is Not Acceptable)
Ethy repetition of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, traced or printed name of registered agent and title if applicable.   PhOTE Registered Agent signature required whom remaiting)   DATE					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Signature required in a purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   Signature   Signature required in a purpose of changing its registered agent of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				City	FL Zip Code
SIGNATURE    Synthem, hyper or printed name of registred agent and title II applicable. (NOTE Registred Agent signature required when remistating)   DATE			the purpose of changing its re	egistered office o	or registered agent, or both, in the State of Florida. I am familiar with, and accept
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9. MANAGING MEMBERS/MANAGERS   10. ADDITIONS/CHANGES   MAKE   MAK		Signature, typed or priviled name or registered agent is	ло ное п аррисавие. (NOTE:	Hagi stared Agent signs	sure required when renstating)
9. MANAGING MEMBERS/MANAGERS  ITILE MGR BERMELLO, WILLY A STREET ADDRESS CITY-ST-2P MIAMI, FL 33133  ITILE MAKE STREET ADDRESS CITY-ST-2P  ITILE M	Fi D	iling Fee is \$50.00 ue by May 1, 2005			Florida Department of State
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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 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	CITY-ST-ZIP  TITLE  NAME STREET ADORESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS		☐ Delete ☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐

Willy A. Bernell 4/12/05