2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 26, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT # L01000004751			•
Principal Place of Business Mailing Address 3191 CORAL WAY SUITE 300 SUITE 300 MIAMI, FL 33145 MIAMI, FL 33145				
DO NOT WRITE IN THIS SPACE			04222005 No Chg-LLC 4. FEI Number 65-1098287 5. Certificate of Status Desired	CR2E083 (10/03) Applied For Not Applicable \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent HAUSER, JAMES A ESQ. 3191 CORAL WAY SUITE 300 MIAMI, FL 33145			DO NOT WRITE IN THIS SPACE	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
Filing Fee is \$50.00 Due by May 1, 2005 04/26/05-80051-015 50.00				
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBERS/MANAGERS MGR FORTE, JOHN 3191 CORAL WAY MIAMI, FL 33145			٠٠٠ . •
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SY-ZIP TITLE			DO NOT W	
NAME STREET ADDRESS CITY-51-ZIP			IN THIS SI	-ACE
NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u>-1</u>	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 19.07(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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Cute Devictor Phone #				