

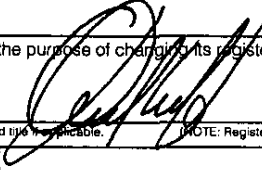
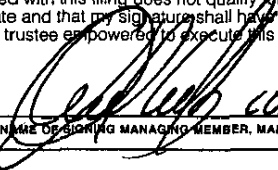


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90069 005 ****50.00

| | | | | | |
|--|--|--|---|---|--|
| DOCUMENT # L01000007438 1. Entity Name SKYVIEW INVESTMENTS LC | | | |  | |
| Principal Place of Business 1221 BRICKELL AVE. SUITE 1100 MIAMI, FL 33131 | | | Mailing Address 1221 BRICKELL AVE. SUITE 1100 MIAMI, FL 33131 | | |
| 2. Principal Place of Business 1390 Brickell Ave. Suite, Apt. #, etc. Suite 200 City & State Miami - Florida | | 3. Mailing Address 1390 Brickell Ave. Suite, Apt. #, etc. Suite 200 City & State Miami - Florida | |  | |
| Zip 33131 | | Country USA | | 4. FEI Number 65-1102317 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent AGRAMUNT, LUIS 1221 BRICKELL AVE. SUITE 1100 MIAMI, FL 33131 | | | 7. Name and Address of New Registered Agent Name: Luis Agramunt Street Address (P.O. Box Number is Not Acceptable) 1390 Brickell Ave., Suite 200 City 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. SIGNATURE  DATE 04/26/2004 <small>Signature, typed or printed name of registered agent and type is acceptable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR WOODWARD, RANDALL 1221 BRICKELL AVE. MIAMI, FL 33131 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR Luis Agramunt 1390 Brickell Ave., Suite 200 Miami, FL 33131 | <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 |
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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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | |
| SIGNATURE:  | | | DATE 04/26/2004 305-373.5802 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | | |