2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

edies

SIGNATURE:

MIGNATURE AND TYPED

FILED Mar 21, 2005 08:00 AM **DOCUMENT # L01000015942 Secretary of State** 1. Entity Name 407 HOLDINGS, LLC Principal Place of Business Mailing Address 1735 SE 8TH ST 1735 SE 8TH ST FORT LAUDERDALE, FL 33316 FORT LAUDERDALE, FL 33316 03072005No Chg-LLC CB2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1145585 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent DO NOT WRITE MURDOCH, ROBERT E 2455 EAST SUNRISE BLVD STE 1000 FORT LAUDERDALE, FL 33304 IN THIS SPACE 1. 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 9. MANAGING MEMBERS/MANAGERS MGRM TILE NAME DREYFUSS, ANDRE STREET ADDRESS 1735 SE 8TH ST CITY-ST-ZIP FORT LAUDERDALE, FL 33316 - U00000272055 03/21/05-80072-014 50.00 me NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CTTY-ST-ZIP TITLE IN THIS SPACE HAME STREET ADDRESS CITY-ST-ZIP TIDE 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)(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 timited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SER, OR AUTHORIZED REPRESENTATIVE

03/18/05

(954)764-1122

Daytime Phone #