2005 LIMITED LIABILITY COMPANY

FILED **ANNUAL REPORT** Jan 10, 2005 08:00 AM **DOCUMENT # L01000020097** Secretary of State 1. Entity Name BOTA, L.L.C. Principal Place of Business Mailing Address 108 SOUTH MIAMI AVENUE, 2ND FLOOR 108 SOUTH MIAM! AVENUE, 2ND FLOOR MIAMI, FL 33130 MIAMI, FL 33130 01062005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 02-0544884 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SILVER & SILVER DO NOT WRITE 108 SOUTH MIAMI AVENUE, 2ND FLOOR MIAMI, FL 33130 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGR TILE SMITH, ROBERT NAME U00000175839 01/10/05-80068-009 50.00 STREET ADDRESS 108 SOUTH MIAMI AVENUE, 2ND FLOOR MIAMI, FL 33130 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE ππε NAME STREET ADDRESS CITY-ST-ZIP NAME. STREET ADDRESS

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 storisture 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 secure this poort as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP TITE NAME STREET ADDRESS CITY-ST-ZIP

2005