

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000006303

Entity Name: MIAMI TRE, LLC

FILED
Mar 30, 2004
Secretary of State

Current Principal Place of Business:

2800 PONCE DE LEON BLVD., STE. 1125
CORAL GABLES, FL 33134

New Principal Place of Business:

6101 BLUE LAGOON DRIVE
430
MIAMI, FL 33126

Current Mailing Address:

2800 PONCE DE LEON BLVD., STE. 1125
CORAL GABLES, FL 33134

New Mailing Address:

6101 BLUE LAGOON DRIVE
430
MIAMI, FL 33126

FEI Number: 01-0644497

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERMAN, ALISON P
2800 PONCE DE LEON BLVD., STE. 1125
CORAL GABLES, FL 33134

Name and Address of New Registered Agent:

BOLIS, ROLAND M
6101 BLUE LAGOON DRIVE
430
MIAMI, FL 33126

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.

SIGNATURE: ROLAND BOLIS

03/30/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: BOLIS, ROLAND M
Address: 6101 BLUE LAGOON DR. SUITE 430
City-St-Zip: MIAMI, FL 33126

Title: MGR () Delete
Name: D'ANCONA, IRMA
Address: 6101 BLUE LAGOON DR. SUITE 460
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ROLAND BOLIS

PRES

03/30/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date