


2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L02000006788 1. Entity Name P & C MYSTIC POINT 500-1105, LLC	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 12 AM 10:13

Principal Place of Business 3530 MYSTIC POINTE DRIVE #1105 AVENTURA, FL 33180	Mailing Address 3530 MYSTIC POINTE DRIVE #1105 AVENTURA, FL 33180
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[Handwritten signature]



2. Principal Place of Business 9801 Collins Avenue Suite, Apt. #, etc.: Apt. 18W	3. Mailing Address 20975 NE 30th PLACE Suite, Apt. #, etc.:	07062005 Chg-LLC CR2E083 (10/03)
City & State BAL HARBOUR, FL	City & State AVENTURA, FL	4. FEI Number 20-2472472
Zip 33154	Zip 33180	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent KLEIN, CAROLE 3530 MYSTIC POINTE DRIVE #1105 AVENTURA, FL 33180

7. Name and Address of New Registered Agent Name KLEIN, CAROL Street Address (P.O. Box Number is Not Acceptable) 20975 NE 30th PLACE City AVENTURA, FL Zip Code 33180

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]* DATE **07/06/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$50.00		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KLEIN, CAROLE 20975 NE 30 PLACE AVENTURA, FL 33180 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABOUT, PHILIPPE 20975 NE 30 PLACE AVENTURA, FL 33180 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABOUT, ANDRE 20975 NE 30 PLACE AVENTURA, FL 33180 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500057788415 07/21/05--01077--010 **55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *[Signature]*