2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State
04-27-2005 90020 031 ****50.00

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1. Entity Name
CUTLER GLEN, LLC

14001270

01262005 Chg-LLC CR2E083 (10/03)

Principal Place of Business	Mailing Address
300 N.W. 12TH AVENUE MIAMI, FL 33128	300 N.W. 12TH AVENUE MIAMI, FL 33128

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MALDRANO, SAL 300 N.W. 12TH AVENUE MIAMI, FL 33128	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRP DOMINGUEZ, AGUSTIN 300 NW 12 AVE MIAMI, FL 33128	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Sibley, Russell A., Jr. 300 NW 12 Avenue Miami, Florida 33128	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRV FABREGAS, JOSE 300 NW 12 AVE MIAMI, FL 33128	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Rovin, Ty 300 NW 12 Avenue Miami, Florida 33128	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRV RETALES, RONALD 300 NE 12 AVE MIAMI, FL 33128	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Revales, Ron 300 NW 12 Avenue Miami, Florida 33128	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRS MARTORANO, SALVATORE 300 NW 12 AVE MIAMI, FL 33128	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Rodriguez, Kathleen 300 NW 12 Avenue Miami, Florida 33128	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRS ANDERSON, EUGENIA J 300 NW 12 AVE MIAMI, FL 33128	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: _____ VP RONALD E. REVALES 03/04/2005 (305)324-5505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #