


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90004 005 ****50.00

DOCUMENT # L02000008482 1. Entity Name 610 DUVAL STREET, L.L.C.	
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Principal Place of Business 2600 DOUGLAS ROAD, PENTHOUSE 8 CORAL GABLES, FL 33134	Mailing Address 2600 DOUGLAS ROAD, PENTHOUSE 8 CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE



01272004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 04-3640271	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BOHATCH, JOHN S 2600 DOUGLAS ROAD, PENTHOUSE 8 CORAL GABLES, FL 33134

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOHATCH, JOHN S 2600 DOUGLAS ROAD, PENTHOUSE 8 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GUTTENMACHER, EDWARD P 2600 DOUGLAS ROAD, PENTHOUSE 8 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STRAFACI, FRANK 2701 SOUTH BAYSHORE DRIVE, SUITE 600 COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____