2005 LIMITED LIABILITY COMPANY

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

May 03, 2005 08:00 AM Secretary of State ANNUAL REPORT **DOCUMENT # L02000010036** 1. Entity Name CORNER LAKE, LLC Principal Place of Business Mailing Address 2601 BISCAYNE BLVD. 2601 BISCAYNE BLVD. MIAMI, FL 33137 US MIAMI, FL 33137 US CR2E083 (10/03) 04272005No Chg-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 02-0597905 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RODRIGUEZ, ANTONIO DO NOT WRITE 2601 BISCAYNE BLVD. MIAMI, FL 33137 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. Signature, typed or printed name of registered agent and little if applicable, (NOTE: Renistered Agent signature required when reinstation) DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. TITLE MGR GORDON, KEN NAME 2601 BISCAYNE BLVD STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33137 MGRM TITLE U00000359088 MILLER, ROGER NAME 05/04/05-80140-011 50.00 STREET ADDRESS 2601 BISCAYNE BLVD CITY-ST-ZIP MIAMI, FL 33137 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

FILED

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 cath; 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: Daytme Phone #