2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State
04-29-2005 90056 048 ****50.00

DOCUMENT # L02000010789

1. Entity Name
INSIDE PROPERTY MANAGEMENT, L.L.C.

Principal Place of Business	Mailing Address
C/O ROBERT ALLEN LAW 1441 BRICKELL AVE, STE 1014 MIAMI, FL 33131	C/O ROBERT ALLEN LAW 1441 BRICKELL AVE, STE 1014 MIAMI, FL 33131

20051451

04272005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
1441 Brickell Avenue	1441 Brickell Avenue
Suite, Apt. #, etc.: Suite 1400	Suite, Apt. #, etc.: Suite 1400
City & State: Miami, FL.	City & State: Miami, FL.
Zip: 33131 Country: USA	Zip: 33131 Country: USA

4. FEI Number 16-1632485 ☐ 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
ALLEN LAW, ROBERT 1441 BRICKELL AVE STE 1014 MIAMI, FL 33131	Name. Robert Allen Law Street Address (P.O. Box Number is Not Acceptable) 1441 Brickell Ave Suite 1400 City Miami, FL **FL** Zip Code 33131

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	MGR SALAZAR PERALTA, LUIS F 1441 BRICKELL AVE, STE 1014 MIAMI, FL 33131	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Salazar Peralta, Luis F. 1441 Brickell Avenue, Suite 1400 Miami, FL. 33131	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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
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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: Umberto Bonavita 4/27/05 (305) 372-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #