2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 12, 2005 8:00 am Secretary of State **DOCUMENT # L02000011247** 05-12-2005 90031 039 ****55.00 1. Entity Name NINÓ LLC 20056712 Principal Place of Business Mailing Address 200 S. BISCAYNE BLVD., STE. 4100 200 S. BISCAYNE BLVD., STE. 4100 MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address 100 SE 2nd Street 100 SE 2nd Street 3344h AP 1087 34th 4108 01052005 CR2E083 (10/03) Cha-LLC City & State Miami, FL Applied For Miami, FL 4. FEI Number **NOT APPLICABLE** Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired хx 33131-2158 33131-2158 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BTPC CORPORATE REGISTERED AGENTS, INC. CORPORATE INTERNATIONAL REGISTERED AGENT Street Address (P.O. Box Number is Not Acceptable) 100 SE 2nd Street 200 S. BISCAYNE BLVD., STE. 4100 MIAMI, FL 33131 34th Floor C Miami Zip Code 1 8. The above named entity submits this state property for the property than property and accept the above named entity submits this state of Florida. I am familiar with, and accept the above named entity submits this state of Florida. I am familiar with, and accept the above named entity submits this state of Florida. the obligations of egistered agent. SIGNATURE Explanded and a control of the contr Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES S K Change ☐ Addition TITLE ☐ Delete TITLE FLOWER ENTERPRISES, LTD. 100 SE 2nd Street, 34th Floor Miami, FL 33131-2158 FLOWERENTERPRISES, LTD. NAME STREET ADDRESS 200 S. BISCAYNE BLVD., STE. #4100 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Chance ☐ Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-719 CITY-ST-7IP ☐ Change ☐ Addition TITLE Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS EITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS **STREET ADDRESS** CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 resource of the samples and the samples of th

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