## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2005 08:00 AM
Secretary of State

A. (A.

Daytime Phone #

1/11/05

| ANNUAL REPORT   |  |                  |                       | San 25, 2005 06.00                           |  |
|---|--|------------------|-----------------------|--|--|
| <ol> <li>Entity Nar</li> </ol>  | MENT # L02000013   | 3232             |                       | Sec  | retary of Stat   |
| Principal Place of Business  C/O 1880 CENTURY PARK EAST #1600  LOS ANGELES, CA 90067  C/O 1880 CENTURY PARK EAST #1600  LOS ANGELES, CA 90067 |  | T #1600          |                       | 57 W 65                                      |  |
| C   | OO NOT WRITE   | E IN THIS SPA    | CE                    | 01112005No Chg-LLC  4. FEI Number 42-0567029 | CR2E083 (10/03)  Applied For Not Applicable  \$5.00 Additional |
|   | 6. Name and Address of Current   | Registered Agent |                       |  | Fee Required   |
| CORPORATION SERVICE COMPANY<br>1201 HAYS STREET<br>TALLAHASSEE, FL 32301-2525   |  |                  |                       | DO NOT WR                                    |  |
| 8. The above<br>the obliga<br>SIGNATURE.  | named entity submits this statement for<br>tions of registered agent.  |                  | ed office or register | ed agent, or both, in the State of Florida   | I am familiar with, and accept                                 |
|   | iling Fee is \$50.00<br>ue by May 1, 2005  | 4. mm            | i e e                 |  |  |
| ITILE NAME STREET ADDRESS CITY-SI-ZIP TUTLE NAME  | MANAGING MEMBE<br>MGRM<br>BUFFETT, JIMMY<br>1880 CENTURY PARK EAST, S<br>LOS ANGELES, CA 90067   | -                |                       | U0000019<br>01/26/05-80                      | 4992<br>010-018 50.00  |
| STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP  | in the second se |                  |                       | DO NOT WR                                    | ITE  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |                  |                       | IN THIS SPA                                  | CE   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | <u> </u>         |                       |  |  |
| TITLE<br>NAME<br>STREET ADDRESS   |  |                  |                       |  |  |

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.

URE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: