


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90219 017 \*\*\*\*50.00

<b>DOCUMENT # L02000016753</b>	
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<b>1. Entity Name</b> WAGNER SQUARE, LLC	<b>Principal Place of Business</b> C/O REDEVCO CIVIC CENTER LLC 1175 NE 125TH STREET SUITE 103 NORTH MIAMI, FL 33161	<b>Mailing Address</b> C/O REDEVCO CIVIC CENTER LLC 1175 NE 125TH STREET SUITE 103 NORTH MIAMI, FL 33161
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

03102004 Chg-LLC CR2E083 (10/03)

**4. FEI Number**  
33-1011789

**5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required**

<b>6. Name and Address of Current Registered Agent</b> VALDES-FAULI CORPORATE SERVICES, INC. WAGNER SQUARE, LLC 7491 W OAKLAND PARK BLVD FORT LAUDERDALE, FL 33319	<b>7. Name and Address of New Registered Agent</b> Name: Redevo Civic Center, LLC Street Address (P.O. Box Number is Not Acceptable): 1175 NE 125th Street Suite 103 City: North Miami FL Zip Code: 33161
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**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: *Debra Senile Kolosky, manager* DATE: 3/13/04  
(NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2004</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOLSKY, DEBRA S % 7491 W. OAKLAND PARK BLVD., 3RD FL.#306 FT. LAUDERDALE, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1175 NE 125th Street, Suite 103 North Miami, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILO, ALBERTO JR % 301 SW 17TH RD., SECOND FL MIAMI, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1801 SW 3rd Avenue, Suite 500 Miami, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COCOSE, WILLIAM A % 10910 HAYDN DR. BOCA RATON, FL 33498 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MGR Stanley G. Tate 1175 NE 125th Street, Suite 102 North Miami, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.**

<b>SIGNATURE:</b> <i>Debra Senile Kolosky</i>	3/13/04	305-981-4500
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>