


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90355 042 ****50.00

DOCUMENT # L02000017189	
1. Entity Name M3 PROPERTY HOLDINGS LLC	

Principal Place of Business 433 SANSOVINO AVE CORAL GABLES, FL 33146	Mailing Address 433 SANSOVINO AVE CORAL GABLES, FL 33146
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24050409

2. Principal Place of Business 2828 Coral Way	3. Mailing Address 2828 Coral Way
Suite, Apt. #, etc. 450	Suite, Apt. #, etc. 450
City & State Miami, FL	City & State Miami, FL
Zip 33155 Country USA	Zip 33155 Country USA



04202004 Chg-LLC CR2E083 (10/03)

4. FEI Number 13-4205330	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MIRABAL, MIGUEL 433 SANSOVINO AVE CORAL GABLES, FL 33146	
7. Name and Address of New Registered Agent Name Mirabal, Miguel Street Address (P.O. Box Number is Not Acceptable) 2828 Coral Way Suite 450 City Miami FL Zip Code 33155	

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 *Miguel Mirabal* (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MIRABAL, MUGUEL 433 SANSOVINO AVE MIAMI, FL 33146 <input checked="" 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	VP SENRA-MIRABAL, MAGGIE 433 SANSOVINO AVE MIAMI, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Senra-Mirabal, Maggie 2828 Coral Way Ste 450 Miami, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ELHEVANNIA, MAITE 433 SANSOVINO AVE MIAMI, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ECHEVARRIA, MAITE (spelling wrong) 2828 Coral Way Ste 450 Miami, FL <input checked="" 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
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.

SIGNATURE *Maite Echevarria* **4/19/04** **(305) 588 4767**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #