## **2004 LIMITED LIABILITY COMPANY**

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIG

## Apr 29, 2004 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L02000019420** 04-29-2004 90061 044 \*\*\*\*50 00 THE BLUE ON CORAL WAY, L.L.C. Principal Place of Business Mailing Address 24058978 3052 S.W. 27 AVENUE #101 3052 S.W. 27 AVENUE #101 MIAMI, FL 33133 MIAMI, FL 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062004 Chg-LLC CR2E083 (10/03) Applied For 4. FEI Number City & State City & State 55-0794132 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Pasquale Kenz Street Address (P.O. Box Number is Not Acceptable) QUESADA, G. FRANK ESQ 1313 PONCE DE LEON BLVD STE. 200 CORAL GABLES, FL 33134 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 the obligations of registered agent. SIGNATURE Signature, typed or prin Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10 NGR TITLE TITLE ☐ Change Addition Delete Renzi Holdings Inc RENZI, RENZO NAME NAME 3052 SW 27 Ave, #101 STREET ADDRESS 3052 SW 27TH AVE 101 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33133 Higmi, #1 33133 CITY-ST-ZIP THILE Delete TITLE ☐ Change ☐ Addition RENZI, PASQUALE NAME NAME STREET ADDRESS 3052 SW 27TH AVE 101 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33133 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

NING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE