

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000021138

Entity Name: CIFALC, LLC

FILED  
Apr 29, 2005  
Secretary of State

## Current Principal Place of Business:

555 NORTHEAST 15TH ST., 7TH FLOOR  
STUDIO A  
MIAMI, FL 33132

## New Principal Place of Business:

## Current Mailing Address:

555 NORTHEAST 15TH ST., 7TH FLOOR  
STUDIO A  
MIAMI, FL 33132

## New Mailing Address:

FEI Number: 02-0639787

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

LOPEZ, VIRGINIA  
555 NE 15TH ST STUDIO A  
MIAMI, FL 33132 US

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.

SIGNATURE: VIRGINIA LOPEZ

04/29/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: LOPEZ, VIRGINIA  
Address: 555 NORTHEAST 15TH ST, 7TH FLOOR, STUDIO A  
City-St-Zip: MIAMI, FL 33132

Title: MGR ( ) Delete  
Name: ORTEGA, NELSON  
Address: 555 NORTHEAST 15TH ST, 7TH FLOOR, STUDIO A  
City-St-Zip: MIAMI, FL 33132

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: VIRGINIA LOPEZ

MGR

04/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date