


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JUL 18 AM 8:28

LIMITED LIABILITY COMPANY 2005 ANNUAL REPORT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L02000022717			
1. Limited Liability Company's Name			
2. Principal Office Address 5701 Biscayne Blvd Suite, Apt. #, etc. City & State Miami, FL Zip 33138		3. Mailing Office Address 1521 Alton Rd #533 Suite, Apt. #, etc. #533 City & State Miami Beach FL Zip 33139	

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4. State/Country of Formation	
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number 52-2375287	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name Croning Steven C	
Street Address (P.O. Box Number is Not Acceptable) 307 Continental Plaza 3250 Mary Street Suite, Apt. #, Etc.	
City Coconut Grove	State FL
Zip Code 33133	

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.	
Signature of Registered Agent _____	Date _____
REGISTERED AGENT MUST SIGN	

10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Talwik, David	307 Continental Plz Coconut	Miami Beach FL 33139
MGR	Talwik Douglas	307 Continental Plz Coconut	Coconut Grove FL 33133
MGR	Freeman Greg	1521 Alton Rd Suite #533	Miami Beach FL 33139
MGR	Talwik April	1521 Alton Rd #533	Miami Beach FL 33139
MGR	Talwik, David	1521 Alton Rd #533	Miami Beach FL 33139
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11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.	
Signature of Managing Member/Manager _____	Date 6/20/05 Daytime Phone # 305 751 5411
Typed or printed name of signing Managing Member/Manager _____	

CR2E041 (10/02)