


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90374 003 ****50.00

DOCUMENT # L02000024187 1. Entity Name FIRC TAMIAMI LLC	
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Principal Place of Business 2299 DOUGLAS ROAD 4TH FLOOR MIAMI, FL 33145 US	Mailing Address 2299 DOUGLAS ROAD 4TH FLOOR MIAMI, FL 33145 US
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04142005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0678147	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent FIRC MANAGEMENT, INC. 2299 DOUGLAS ROAD 4TH FLOOR MIAMI, FL 33145

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

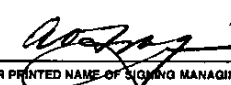
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANSFIELD USA, INC. 2299 DOUGLAS ROAD, 4TH FLOOR MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT FRAGA, ANTONIO O 2299 DOUGLAS RD., 4TH FLOOR MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS ALEXANDER, FRAGA W 2299 DOUGLAS RD., 4TH FLOOR MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FIRC MANGAEMENT, INC. 2299 DOUGLAS RD., 4TH FLOOR MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOSA, ALEJANDRO H 2299 DOUGLAS RD., 4TH FLOOR MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

05/27/05 (305) 443-2508