


**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**



Principal Place of Business <b>2299 DOUGLAS ROAD          4TH FLOOR          MIAMI, FL 33145 US</b>	Mailing Address <b>2299 DOUGLAS ROAD          4TH FLOOR          MIAMI, FL 33145 US</b>
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04142005 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0678147</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MANSFIELD USA, INC. 2299 DOUGLAS ROAD, 4TH FLOOR MIAMI, FL 33145</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT FRAGA, ANTONIO O 2299 DOUGLAS RD., 4TH FLOOR MIAMI, FL 33145</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS ALEXANDER, FRAGA W 2299 DOUGLAS RD., 4TH FLOOR MIAMI, FL 33145</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM FIRC MANGAEMENT, INC. 2299 DOUGLAS RD., 4TH FLOOR MIAMI, FL 33145</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SOSA, ALEJANDRO H 2299 DOUGLAS RD., 4TH FLOOR MIAMI, FL 33145</b>
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]* **05/27/05** **(305) 443-2508**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #