2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mar 02, 2004 08:00 AM Secretary of State **DOCUMENT # L02000025476** 1. Entity Name CL REAL ESTATE HOLDINGS, LLC Principal Place of Business Mailing Address 8550 WEST FLAGLER STREET, SUITE 116 8550 WEST FLAGLER STREET, SUITE 116 MIAMI, FL 33144 MIAMI, FL 33144 02252004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 05-0533630 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LAW OFFICES OF CARRILLO & CARRILLO, P.A. DO NOT WRITE 1401 PONCE DE LEON BLVD., SUITE 200 CORAL GABLES, FL 33134 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 little if applicable. (NOTE. Registered Agent signature required when reinstating) Filing Fee is \$50,00 Due by May 1, 2004 U000000074111 9. MANAGING MEMBERS/MANAGERS MGRM TITLE RAMIREZ, LEE NAME STREET ADDRESS 8550 WEST FLAGLER STREET, SUITE 116 CITY - ST - ZIP MIAMI, FL 33144 MGRM TITLE ABUD, CHARBEL NAME STREET ADDRESS 8550 WEST FLAGLER STREET, SUITE 116 CITY-ST-ZIP MIAMI, FL 33144 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE

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 making alignature 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 engowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

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

FILED