2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

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

Apr 27, 2005 08:00 AM Secretary of State DOCUMENT # L02000026439 LITTLE FISH, L.L.C. Principal Place of Business Mailing Address 220 SW 3RD AVE 220 SW 3RD AVE HALLANDALE, FL 33009 HALLANDALE, FL 33009 03212005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 56-2302486 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent CASTILLO-PLANA, KEYLA DO NOT WRITE 8180 NW 36 STREET, SUITE 230 MIAMI, FL 33166-6645 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, 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 RE TITLE CASTILLO-PLANA, KEYLA NAME STREET ADDRESS 220 SW 3TH AVE CITY-ST-ZIP HALLANDALE, FL 33009 04/27/05-80155-019 SU. UU TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 fimited liability company or the receivery or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED

Daytime Phone #