


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

04 OCT -1 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000029523		
1. Entity Name BANKEST FINANCE LLC		

Principal Place of Business % 999 BRICKELL AVENUE, PENTHOUSE MIAMI, FL 33131	Mailing Address % 999 BRICKELL AVENUE, PENTHOUSE MIAMI, FL 33131
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2. Principal Place of Business 2675 South Bayshore Dr. Suite, Apt. #, etc.	3. Mailing Address 2675 South Bayshore Dr. Suite, Apt. #, etc.
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09292004 Chg-LLC CR2E083 (10/03)

City & State Miami, FL	City & State Miami, FL
Zip 33133	Zip 33133
Country	Country

4. FEI Number 56-2302976	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 FREEMAN, LEWIS B 2675 SOUTH BAYSHORE DRIVE RECEIVER FOR BANKEST FINANCE LLC COCONUT GROVE, FL 33133	
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7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 September 8, 2004		Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ORLANSKY, EDUARDO 999 BRICKELL AVENUE, PENTHOUSE MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	c/o Ira Loewy, Esq. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 800 Brickell Dr. PH-2 Miami, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STANHAM, R. PETER 999 BRICKELL AVENUE, PENTHOUSE MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	c/o Mike Rosen, Esq. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2400 S. Dixie Hwy #105 Miami, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ORLANSKY, HECTOR 999 BRICKELL AVENUE, PENTHOUSE MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	c/o Ira Loewy, Esq. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 800 Brickell Dr. PH-2 Miami, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PARLAPIANO, DOMINICK 999 BRICKELL AVENUE, PENTHOUSE MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	c/o Juan Bauta, Esq. <input type="checkbox"/> Change <input type="checkbox"/> Addition 6915 Red Road #206 Coral Gables, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200041564832 10/04/04--01028--011 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Luis Stanham, Receiver 10/01/04 (305) 643-6622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #