FILED 2005 LIMITED LIABILITY COMPANY Apr 29, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # L02000030390 1. Entity Name MIAMI WARBIRDS, L.L.C. Principal Place of Business Maiiing Address 3130 KIRK ST 3130 KIRK ST MIAMI, FL 33133 MIAMI, FL 33133 04152005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 05-0541276 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GREEN, JERRY ESQ. DO NOT WRITE 9200 SOUTH DADELAND BLVD., SUITE 700 MIAMI, FL 33156 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 Apent stansburg required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9, TITLE NAME ALVAREZ, MICHAEL STREET ADDRESS 3130 KIRK STREET U00000341497 04/29/05-80014-016 50.00 CITY-ST-ZIP COCONUT GROVE, FL 33133 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

11. I hereby certify that the information supplied with this filling 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: >

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

Daytime Phone #