
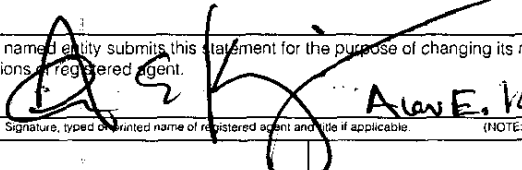
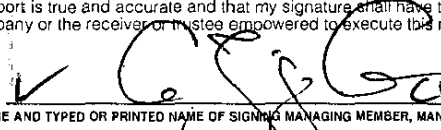


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 22, 2004 8:00 am
Secretary of State

06-22-2004 90066 011 ****50.00

DOCUMENT # L02000030739 1. Entity Name 440 SOUTH HIBISCUS, LLC																											
Principal Place of Business 2601 S BAYSHORE DR SUITE 1600 MIAMI, FL 33133		Mailing Address 2601 S BAYSHORE DR SUITE 1600 MIAMI, FL 33133																									
2. Principal Place of Business 440 S. Hibiscus Suite, Apt. #, etc.		3. Mailing Address c/o Villazzo, LLC Suite, Apt. #, etc. 119 Washington Ave., #502																									
City & State Miami Beach Florida		City & State Miami Beach Florida																									
Zip 33139	Country	Zip 33139	Country																								
4. FEI Number 76-0724701		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		05212004 Chg-LLC CR2E083 (10/03)																									
6. Name and Address of Current Registered Agent KRINZMAN, ALAN E 2601 S BAYSHORE DR SUITE 1600 MIAMI, FL 33133		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  ALAN E. KRINZMAN 6/16/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:45%;">MGR</td> <td style="width:15%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>KRINZMAN, ALAN E</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2601 S BAYSHORE DR SUITE 1600</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIAMI, FL 33133</td> <td></td> </tr> </table>		TITLE	MGR	<input checked="" type="checkbox"/> Delete	NAME	KRINZMAN, ALAN E		STREET ADDRESS	2601 S BAYSHORE DR SUITE 1600		CITY - ST - ZIP	MIAMI, FL 33133		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:45%;">Christian Jagodzinski</td> <td style="width:15%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>10 Palm Avenue</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Miami Beach, FL 33139</td> <td></td> </tr> </table>		TITLE	Christian Jagodzinski	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	10 Palm Avenue		STREET ADDRESS	Miami Beach, FL 33139				
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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:  Christian Jagodzinski		Mgr (305) 777-0146 Date 6/16/04 Daytime Phone #																									