

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000031564**

1. Entity Name  
**THE MIAMI TIMES VENTURES, L.L.C.**



Principal Place of Business

**900 N.W. 54TH STREET  
MIAMI, FL 33127**

Mailing Address

**900 N.W. 54TH STREET  
MIAMI, FL 33127**

**DO NOT WRITE IN THIS SPACE**



07012005No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**71-0916188**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**NORRIS-WEEKS, BURNADETTE ESQ  
100 SOUTHEAST 6TH STREET  
FT LAUDERDALE, FL 33301**

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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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
REEVES, RACHEL J  
900 NW 54 STREET  
MIAMI, FL 33127**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
REEVES, GARTH B  
900 NW 54 STREET  
MIAMI, FL 33127**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
REEVES, GARTH C  
900 NW 54 STREET  
MIAMI, FL 33127**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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07/14/05-80010-009 50.00

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IN THIS SPACE**

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:**

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

Date

Daytime Phone #