

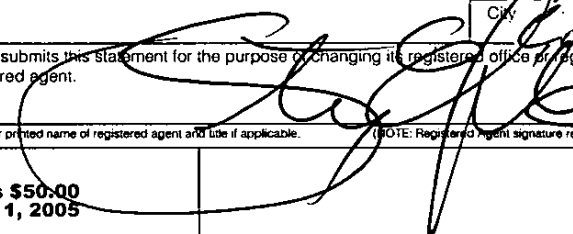
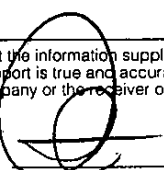


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90016 007 \*\*\*\*50.00

<b>DOCUMENT # L02000033721</b> 1. Entity Name 1640 HOLDING, LLC					
Principal Place of Business 1110 BRICKELL AVE. SUITE 504 MIAMI, FL 33131			Mailing Address 1110 BRICKELL AVE. SUITE 504 MIAMI, FL 33131		
2. Principal Place of Business <i>2929 SW 3<sup>RD</sup> AVE</i> Suite, Apt., etc. <i>Suite 520</i> City & State <i>Miami, FL</i> Zip <i>33129</i> Country <i>USA</i>		3. Mailing Address <i>2929 SW 3<sup>RD</sup> AVE</i> Suite, Apt., etc. <i>Suite 520</i> City & State <i>Miami, FL</i> Zip <i>33129</i> Country <i>USA</i>			
04192005 Chg-LLC CR2E083 (10/03)				4. FEI Number 11-3667705	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  THORNE, ROBERT 1110 BRICKELL AVE., SUITE 504 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name <i>ALVAREZ ELIJAH R RODRIGUEZ, PL.</i> Street Address <i>1601 S. BAYSHORE DR.</i> Suite <i>Suite 605</i> City <i>COCONUT GROVE</i> FL Zip Code <i>33133</i>		
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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THORNE, ROBERT F 601 BRICKELL KEY DRIVE, SUITE 802 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THORNE, ROBERT F 2929 SW 3RD AVE. SUITE # 520 MIAMI, FL 33129	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THORNE, BETTY 601 BRICKELL KEY DRIVE, SUITE 802 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THORNE, BETTY 2929 SW 3RD AVE. SUITE # 520 MIAMI, FL 33129	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  DATE <i>4/27/05</i> DAYTIME PHONE <i>(305) 424-0770</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					