

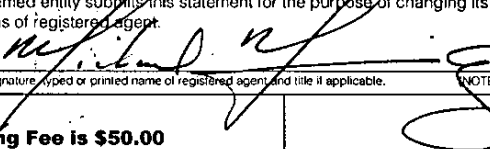
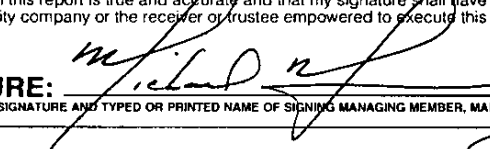


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90023 006 ***150.00

DOCUMENT # L02000034921					
1. Entity Name MERRIWEATHER PROPERTIES, LLC					
Principal Place of Business 800 S. DOUGLAS ROAD 12TH FLOOR CORAL GABLES, FL 33134 US			Mailing Address 800 S. DOUGLAS ROAD 12TH FLOOR CORAL GABLES, FL 33134 US		
2. Principal Place of Business 613 OCEAN DRIVE Suite, Apt. #, etc. NO. 9D		3. Mailing Address 613 OCEAN DR Suite, Apt. #, etc. NO. 9D			
City & State KEY BISCAIYNE FL		City & State KEY BISCAIYNE, FL.		02072005 Chg-LLC CR2E083 (10/03)	
Zip Country 33149 USA.		Zip Country 33149 USA		4. FEI Number 20-0289248	
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 MIAMI CENTER REGISTERED AGENTS, LLC 201 S. BISCAIYNE BLVD. SUITE 1700 MIAMI, FL 33134			7. Name and Address of New Registered Agent Name MICHAEL G. NEARING Street Address (P.O. Box Number is Not Acceptable) 613 OCEAN DRIVE NO. 9D City KEY BISCAIYNE FL Zip Code 33149		
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 2/27/05 <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 May 1, 2005			Make check payable to: Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEARING, MICHAEL 800 S. DOUGLAS ROAD, 12TH FLOOR CORAL GABLES, FL 33134	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	613 OCEAN DRIVE NO. 9D KEY BISCAIYNE, FL. 33149	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <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: 			Date 2/27/05 Daytime Phone #		