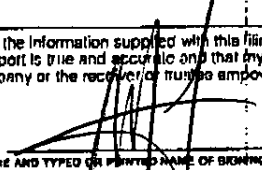


2004 LIMITED LIABILITY COMPANY 2nd AMENDED ANNUAL REPORT

DOCUMENT # L03000000199				 FILED SEP -9 A 10:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name C. LAMBDIN, LLC					
Principal Place of Business 444 BRICKELL AVE, STE 51-513 MIAMI, FL 33131		Mailing Address 444 BRICKELL AVE, STE 51-513 MIAMI, FL 33131		 08232004 Chg-LLC CR2E083 (10/03)	
2. Principal Place of Business		2. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 04-3729847	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FELDMAN, JAY 444 BRICKELL AVE, STE 51-513 MIAMI, FL 33131				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 _____ Signature, typed or printed name of registered agent and filer's applicable. (NOTE: Registered Agent signature required when registering) DATE _____					
Amended AR is \$50.00				 Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FELDMAN, JAY 444 BRICKELL AVE, STE 51-513 MIAMI, FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Carlos Montero 444 Brickell Ave Suite 51-513 Miami, Fl. 33131	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FELDMAN, MARK 444 BRICKELL AVE, STE 51-513 MIAMI, FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FELDMAN, JAMES R 444 BRICKELL AVE, STE 51-513 MIAMI, FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500041451605 09/29/04--01058--003 **25.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500041451605 09/29/04--01058--004 **25.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 80B, Florida Statutes.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				6/23/04 786-299-1968 Date Daytime Phone #	
MARK Feldman, Manager					

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