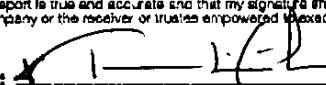


Apr. 28. 2005 10:01AM SOBEL, GLACKMAN & SOBEL P.A.

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90041 044 ****50.00

DOCUMENT # L03000002425			
1. Entity Name LUMI, LLC			
Principal Place of Business 2770 BRICKELL COURT MIAMI, FL 33129		Mailing Address 2770 BRICKELL COURT MIAMI, FL 33129	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3767727		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		85.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ORIBE, RICARDO 2770 BRICKELL COURT MIAMI, FL 33129		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 if applicable (NOTE: Registered Agent signature required when withdrawing) DATE			
Filing Fee is \$50.00 Due by May 1, 2005			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ORIBE, CLAUDIA 2770 BRICKELL COURT MIAMI, FL 33129 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ORIBE, CLAUDIA 2770 BRICKELL COURT MIAMI, FL 33129 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ORIBE, RICARDO 2770 BRICKELL COURT MIAMI, FL 33129 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ORIBE, RICARDO 2770 BRICKELL COURT MIAMI, FL 33129 ☒ 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
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)(f), 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 808, Florida Statutes.			
SIGNATURE:  CLAUDIA ORIBE		Date: April 29 / 2005 305.858.1792	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, REGISTERED MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	