2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: TOSE A. GON ZABE
SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED Jan 31, 2005 08:00 AM Secretary of State

Daylime Phone #

DOCUMENT # L03000003104 1. Entity Name TRAFALGAR/SHERIDAN 58 LLC Principal Place of Business 701 NW 62ND. AVENUE Mailing Address 701 NW 62ND. AVENUE			Secretary of State
110 MIAMI, FL 33126 — 110 MIAMI, FL 33126) 	
DO NOT WRITE IN THIS SPACE			01262005 No Chg-LLC
	6. Name and Address of Current Registered Agent EZ, JOSE A 2ND, AVENUE . 33126		DO NOT WRITE 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 Stills if applicable. (NOTE Registered Agent signature required when reinstating) DATE			
Filing Fee is \$50.00 Due by May 1, 2005			
YITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGR GONZALEZ, JOSE A 701 NW 62ND. AVENUE, SUITE 110 MIAMI, FL 33126		02/01/05-80016-001 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·
name Street address City-ST-Zip			DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			757
11. Thereby certify that the information supplied with this filling 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.			