
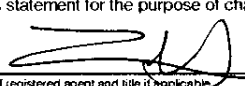
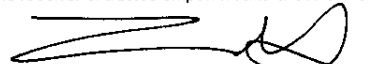


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90161 031 ****50.00

DOCUMENT # L03000004970 1. Entity Name ORIZAK, LLC					
Principal Place of Business 100 S.E. 2ND STREET 17TH FLOOR MIAMI, FL 33131			Mailing Address 100 S.E. 2ND STREET 17TH FLOOR MIAMI, FL 33131		
2. Principal Place of Business 5424 ALTON Rd Suite, Apt. #, etc.		3. Mailing Address 5424 ALTON Rd Suite, Apt. #, etc.			
City & State MIAMI BEACH FL		City & State MIAMI BEACH FL		4. FEI Number 25-1902410 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
Zip 33140	Country USA	Zip 33140	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LICKSTEIN, FRED K 100 S.E. 2ND STREET 17TH FLOOR MIAMI, FL 33131			7. Name and Address of New Registered Agent Name ZAKI AMIN Street Address (P.O. Box Number is Not Acceptable) 5424 ALTON Rd MIAMI City MIAMI BEACH FL Zip Code 33140		
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 1-28-04 <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, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AMIN, ZAKI 5424 ALTON ROAD MIAMI BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CANALES, ORIBE 5424 ALTON ROAD MIAMI BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CANALES, ORIBE 5424 ALTON ROAD MIAMI BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CANALES, ORIBE 5424 ALTON ROAD MIAMI BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CANALES, ORIBE 5424 ALTON ROAD MIAMI BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CANALES, ORIBE 5424 ALTON ROAD MIAMI BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CANALES, ORIBE 5424 ALTON ROAD MIAMI BEACH, FL	<input type="checkbox"/> Delete			
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: 				1-28-04 305-865-7576	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	

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01212004 Chg-LLC CR2E083 (10/03)