## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 27, 2005 8:00 am Secretary of State **DOCUMENT # L03000011764** 04-27-2005 90040 048 \*\*\*\*50.00 100 ALHAMBRA TOWER, L.L.C. Principal Place of Business Mailing Address 3052 SW 27 AVE., #101 3052 SW 27 AVE., #101 MIAMI, FL 33133 MJAMI, FL 33133 2. Principal Place of Business 3. Mailing Address 2200 South Dixie Hube 2200 South Dixie Hway Suite, Apt. #, etc. Suite, Apt. #, etc. 04182005 Chg-LLC CR2E083 (10/03) Suite 705 City & State City & State 4. FEI Number Applied For Grove, FI oconut Grave, FL 76-0729868 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Dade Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Renzi, Pasquale RENZI, PASQUALE Street Address (P.O. Box Number is Not Acceptable) 2200 South Dixie Hwa 3052 SW 27TH AVE # 101 MIAMI, FL 33133 city Coconut Grove 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 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 Renzi Holdings, Inc. Dennie Addition 2200 South Dixie Hway Suite 705 Coconut Grove, FL 33133 **MGRM** TITLE ☐ Delete TITLE **RENZI HOLDINGS INC** MAME STREET ADDRESS 3052 SW 27 AVE., #101 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33133 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7JP 11. I hereby 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 fustee empowered to execute this report as required by Chapter 608, Florida Statutes. Paggiak Renzi NE OF SKINING MANAGING MEMBER, MANAGER, OR ALTHORIZED REPRESENTATIVE SIGNATURE: 4115105

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