


2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90182 029 \*\*\*\*50.00

|  |   |
|--|---|
| <b>DOCUMENT # L03000021503</b>               |  |
| 1. Entity Name<br><b>BERKELEY RB-GEM LLC</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>9240 SUNSET DR, STE 100<br/>MIAMI, FL 33172</b> | Mailing Address<br><b>9240 SUNSET DR, STE 100<br/>MIAMI, FL 33172</b> |
|---|---|

|  |  |
|--|--|
| 2. Principal Place of Business<br><b>4937 SW 75 Ave.</b> | 3. Mailing Address<br><b>4937 SW 75 Ave.</b> |
| Suite, Apt. #, etc.                                      | Suite, Apt. #, etc.                          |

|                                  |                                  |
|----------------------------------|----------------------------------|
| City & State<br><b>Miami, FL</b> | City & State<br><b>Miami, FL</b> |
| Zip<br><b>33155</b>              | Zip<br><b>33155</b>              |
| Country                          | Country                          |



01132005 Chg-LLC CR2E083 (10/03)

|   |  |
|---|--|
| 4. FEI Number<br><b>90-0097860</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>                                       |  |
| 6. Name and Address of Current Registered Agent<br><b>MARIA FERNANDEZ VALLE, ESQ<br/>10570 NW 27 ST, UNIT 103<br/>MIAMI, FL 33172</b> |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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                          |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>BEWITEZ, ROLANDO<br>9240 SUNSET DR, STE 100<br>MIAMI, FL 33172 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | BENITEZ, ROLANDO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>ALONSO, LUIS<br>9141 SW 73RD ST.<br>MIAMI, FL 33173 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 4937 SW 75 Ave.<br>Miami, FL 33155 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 608, Florida Statutes.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

01-13-05 305-667-8584

Date Daytime Phone