2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000022055

1. Entity Name
540 MIAMI, L.L.C.

Principal Place of Business	Mailing Address
1301 NW 89TH COURT SUITE 219 MIAMI, FL 33172	1301 NW 89TH COURT SUITE 219 MIAMI, FL 33172

DO NOT WRITE IN THIS SPACE

03042005No Chg-LLC CR2E083 (10/03)

4. FEI Number
14-1895917

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

TORRES, GABRIEL
1301 NW 89TH COURT
SUITE 219
MIAMI, FL 33172

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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 _____ 3-4-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	TORRES, GABRIEL E
STREET ADDRESS	1301 NW 89TH COURT
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	MGR
NAME	KOJNOVER, DIEGO
STREET ADDRESS	1301 NW 89TH COURT
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	MGR
NAME	PRABHAKAR, MAHAVEER P
STREET ADDRESS	9595 COLLINS AVE. #909N
CITY-ST-ZIP	SURFSIDE, FL 33154
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

[illegible]
04/08/05-80037-023 50.00

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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: _____ 3-4-05 (786) 344-1185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #