

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000022083

Entity Name: FIFTY-FIVE LLC

FILED
Feb 28, 2005
Secretary of State

Current Principal Place of Business:

1627 BRICKELL AVENUE, SUITE #1104
MIAMI, FL 33129

New Principal Place of Business:

1627 BRICKELL AVENUE
SUITE #1104
MIAMI, FL 33129

Current Mailing Address:

1627 BRICKELL AVENUE, SUITE #1104
MIAMI, FL 33129

New Mailing Address:

1627 BRICKELL AVENUE
SUITE #1104
MIAMI, FL 33129

FEI Number: 74-3099733

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAKOUN-PERIN, CAROLE
1627 BRICKELL AVENUE, SUITE #1104
MIAMI, FL 33129 US

Name and Address of New Registered Agent:

HAKOUN-PERIN, CAROLE
1627 BRICKELL AVENUE
SUITE #1104
MIAMI, FL 33129 US

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.

SIGNATURE: CAROLE HAKOUN

02/28/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: HAKOUN-PERIN, CAROLE L MRS
Address: 1627 BRICKELL AVENUE, SUITE #1104
City-St-Zip: MIAMI, FL 33129

Title: MGR () Delete
Name: HUDSON, KARIMA MRS
Address: 1540 PENNSYLVANIA AVE., #6
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CAROLE HAKOUN

MGR

02/28/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date