L03000022631

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

34004373 MJH

DOCUMENT # L03000022631

1. Entity Name
AMLES, LLC

Principal Place of Business	Mailing Address
7460 S.W. 48TH STREET C/O LAWRENCE SORKIN MIAMI, FL 33155	7460 S.W. 48TH STREET C/O LAWRENCE SORKIN MIAMI, FL 33155

2. Principal Place of Business	3. Mailing Address
4721 University DR	% R+S Mgmt
Suite, Apt. #, etc.	Suite, Apt. #, etc. 5821 Restman Rd
City & State Coral Gables, FL	City & State Charlotte, NC
Zip 33146 Country USA	Zip 28212 Country USA

03092004 Chg-LLC CR2E083 (10/03) 6/25

4. FEI Number 03-0525701 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HASNER, MARK M ONE S.E. 3RD AVENUE, SUITE 2400 THERRELL BAISDEN, P.A. MIAMI, FL 33131	Name LAWRENCE Sorkin Street Address (P.O. Box Number is Not Acceptable) 4721 University DR City Coral Gables FL Zip Code 33146

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

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	General Partner NIKROS, INC. 4721 University DR Coral Gables, FL 33146	☐ Delete MGRM	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 700033801547 04/26/04--01010--023 **200.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 2003 **REINSTATEMENT** 2004
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Lawrence Sorkin VP 4/16/04 704/532-0750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

(2)

Florida Department of State

Division of Corporations
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To:
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LIMITED LIABILITY REINSTATEMENT

BRICKELL PARK GARAGE, LLC

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