


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90140 021 \*\*\*\*55.00

**DOCUMENT # L03000032728**

1. Entity Name  
 CIL OF MIAMI, LLC



Principal Place of Business  
 6660 BISCAYNE BOULEVARD  
 MIAMI, FL 33138 US

Mailing Address  
 6660 BISCAYNE BOULEVARD  
 MIAMI, FL 33138 US

20010157



01062005 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0379532	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GREENE, KELLY  
 6660 BISCAYNE BLVD.  
 MIAMI, FL 33138

**DO NOT WRITE IN THIS SPACE**

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 Kelly Greene DATE 1/19/05

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 NAME STREET ADDRESS CITY-ST-ZIP	MGR ROBERTS, ALVIN W 6660 BISCAYNE BOULEVARD MIAMI, FL 33138
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**DO NOT WRITE IN THIS SPACE**

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: Kelly Greene, Exec. Director Date 1/19/05 Daytime Phone # 305-751-8025

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT

20010157

Registered agent  
Change was done for LLC  
9/04

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: CIL OF MIAMI, LLC

2. The mailing address of the limited liability company is: 6660 Biscayne Blvd.,  
Miami, Florida 33138

August 29, 2003/September 1, 2003

3. Date of filing/registration in Florida

4. Document number L03000032728

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

MICHAEL F. LANHAM, P.A.

19 WEST FLAGLER STREET, SUITE 1102

MIAMI, FL 33130

City, State and Zip

6. The name and address of the new registered agent and/or office:

Kelly Greene

6660 Biscayne Blvd.

Florida street address (P.O. Box NOT acceptable)

Miami, FL 33138

City, State and Zip

SEP 17 PM 12:31  
FILED  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Alvin Wm. Roberts  
(Signature of a member or authorized representative of a member)

Alvin Wm. Roberts, President

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Kelly Greene  
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314