


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 31, 2004 8:00 am**  
**Secretary of State**

08-31-2004 90031 033 \*\*\*\*50.00

<b>DOCUMENT # L03000033278</b>	
1. Entity Name DON COURTYARDS VENTURE, LLC	

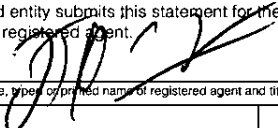
Principal Place of Business 2665 SOUTH BAYSHORE DR., STE. 200 MIAMI, FL 33133	Mailing Address 2665 SOUTH BAYSHORE DR., STE. 200 MIAMI, FL 33133
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2. Principal Place of Business 2950 SW 27th Ave Suite, Apt. #, etc. Suite 300 City & State Miami, FL Zip 33133 Country USA	3. Mailing Address 2950 SW 27th Ave Suite, Apt. #, etc. Suite 300 City & State Miami, FL Zip 33133 Country USA
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08032004 Chg-LLC CR2E083 (10/03)

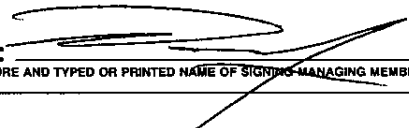
4. FEI Number 32-0091218	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent O'NAGHTEN, JUAN T SUITE 200, GRAND BAY PLAZA 2665 SOUTH BAYSHORE DR. MIAMI, FL 33133	7. Name and Address of New Registered Agent Name O'Naghten, Juan T Street Address (P.O. Box Number is Not Acceptable) Suite 300 Grove Professional Building 2950 SW 27th Ave City Miami FL Zip Code 33133
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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  Juan T. O'Naghten (NOTE: Registered Agent signature required when reinstating)	DATE 8-25-04
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Filing Fee is \$50.00 Due by September 8, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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:  Rolando Delgado SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE 8-25-04 Daytime Phone # 305-285-0800