


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 31, 2005 8:00 am**  
**Secretary of State**

05-31-2005 90647 035 \*\*\*\*50.00

<b>DOCUMENT # L03000034273</b>	
1. Entity Name <b>IDENSIS, L.L.C.</b>	

Principal Place of Business <b>10845 NW 29TH STREET MIAMI, FL 33172</b>	Mailing Address <b>10845 NW 29TH STREET MIAMI, FL 33172</b>
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2. Principal Place of Business <b>10800 NW 21st. Ste#150</b>	3. Mailing Address <b>10800 NW 21st.</b>
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Suite, Apt. #, etc. <b>Ste#150</b>	Suite, Apt. #, etc. <b>Ste. #150</b>
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City & State <b>Miami, FL</b>	City & State <b>Miami, FL</b>
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Zip <b>33172</b>	Country <b>U.S.A.</b>	Zip <b>33172</b>	Country <b>U.S.A.</b>
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05042005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>20-0254230</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>LESLIE ALAN ROZENCWAIG, P.A. ONE S.F. THIRD AVENUE, STE. 960 MIAMI, FL 33131</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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<b>Filing Fee is \$50.00 Due by September 7, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STERNBERG, DANIEL 10845 NW 29TH STREET MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10800 NW 21st. Ste#150 Miami, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STERNBERG, GABRIEL 10845 NW 29TH STREET MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10800 NW 21st. Ste#150 Miami, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LORET DE MOLA, FERNANDO 10845 NW 29TH STREET MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10800 NW221st. Ste#150 Miami, FL 33172
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.

<b>SIGNATURE:</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #
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