


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90408 027 ****50.00

DOCUMENT # L03000035565			
1. Entity Name 1341 MIAMI, L.L.C.			
Principal Place of Business 1301 NW 89TH COURT, STE. 219 MIAMI FL 33172		Mailing Address 1301 NW 89TH COURT, STE. 219 MIAMI FL 33172	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

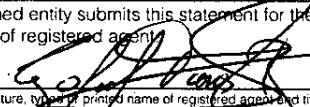


MOORE CR2E083 (11/03)

4. FEI Number 14-1995914		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent KOJNOVER, DIEGO 1301 NW 89TH COURT, STE. 219 MIAMI FL 33172		7. Name and Address of New Registered Agent Name: GABRIEL TORRES Street Address (P.O. Box Number is Not Acceptable): 1301 NW 89TH COURT, STE 219 City: MIAMI FL Zip Code: 33172	
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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:  DATE: 01/27/04

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGR <input type="checkbox"/> Delete NAME: TORRES, GABRIEL E STREET ADDRESS: 1301 NW 89TH COURT, STE. 219 CITY-ST-ZIP: MIAMI FL 33172		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: MGR <input type="checkbox"/> Delete NAME: KOJNOVER, DIEGO STREET ADDRESS: 1301 NW 89TH COURT, STE. 219 CITY-ST-ZIP: MIAMI FL 33172		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: MGR <input type="checkbox"/> Delete NAME: PRABHAKAR, MAHAVEER P STREET ADDRESS: 9595 COLLINS AVE., #909N CITY-ST-ZIP: SURFSIDE FL 33154		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	

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:  **JAN 26, 2004** **786 3441185**

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