

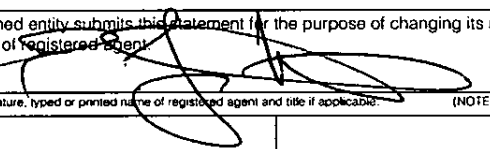
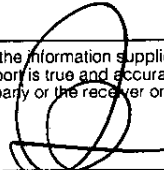


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90016 010 ****50.00

DOCUMENT # L03000036000 1. Entity Name 1201 WEST, LLC					
Principal Place of Business 1110 BRICKELL AVENUE STE 504 MIAMI, FL 33131			Mailing Address 1110 BRICKELL AVENUE STE 504 MIAMI, FL 33131		
2. Principal Place of Business 2929 S.W. 3 RD AVE Suite 520 City, State Miami, FL Zip 33129 Country USA		3. Mailing Address 2929 S.W. 3 RD AVE Suite 520 City, State Miami, FL Zip 33129 Country USA			
04192005 Chg-LLC CR2E083 (10/03)				4. FEI Number 30-0218791	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SCHATZMAN, LARRY O 1110 BRICKELL AVENUE STE 504 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name La Parra & Zamparo P.P. Street Address (P.O. Box Number is Not Acceptable) 2801 PONCE DE LEON BLVD. PH 1280 City Coral Gables FL Zip Code 33134		
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 4/26/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM THORNE, ROBERT F 1110 BRICKELL AVENUE STE 504 MIAMI, FL 33131	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM THORNE, ROBERT F 2929 SW 3RD AVE SUITE # 520 MIAMI, FL 33129
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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		<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: 			4/27/05 (305) 424-0770 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					