30-AUG-2004 17:17 FROM ARISON HOLDINGS TO 0

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Secretary of State
09-03-2004 90037 009 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000036602

1. Entity Name
GLAZER ENTERPRISES LLC

Principal Place of Business	Mailing Address
C/O AFO LLC 200 SOUTH BISCAYNE BLVD., SUITE 1950 MIAMI, FL 33111	C/O AFO LLC 200 SOUTH BISCAYNE BLVD., SUITE 1950 MIAMI, FL 33111

2. Principal Place of Business		3. Mailing Address	
C/O SAFO LLC		C/O SAFO LLC	
Suite, Apt. #, etc. 10800 Biscayne Blvd # 950		Suite, Apt. #, etc. 10800 Biscayne Blvd # 950	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33161	Country U.S.A	Zip 33161	Country U.S.A

08252004 Chg-LLC CR2E083 (10/03)

4. FEI Number 90-0175908 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE PRESIDENT President NAME OFER GLAZER Ofer Glazer STREET ADDRESS 10800 BISCAYNE BLVD #950 10800 Biscayne Blvd #950 CITY-ST-ZIP MIAMI, FL 33161 Miami, FL 33161	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] 8/31/04 305-891-0017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #