

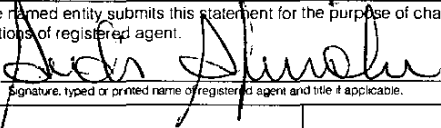


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90037 020 \*\*\*\*50.00

14005881

<b>DOCUMENT # L03000039424</b> 1. Entity Name 3DP, LLC					
Principal Place of Business 3495 S.W. 9TH AVE. FORT LAUDERDALE, FL 33315				Mailing Address 3495 S.W. 9TH AVE. FORT LAUDERDALE, FL 33315	
2. Principal Place of Business 2853 Executive Park Dr. Suite, Apt. #, etc. Suite 202 City & State Weston, FL Zip 33326		3. Mailing Address P.O. Box 266366 Suite, Apt. #, etc. City & State Weston, FL Zip 33326			
Country U.S.A.		Country U.S.A.		04152005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 20-0306097				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 HUME, JOHN C/O HUME & JOHNSON, P.A. 1401 UNIVERSITY DR., STE. 301 CORAL SPRINGS, FL 33071	
7. Name and Address of New Registered Agent 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  DATE 4/15/05 <small>(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			
<b>9. MANAGING MEMBERS/MANAGERS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALVARADO, ROBERTO 3495 S.W. 9TH AVE. FORT LAUDERDALE, FL 33315 <input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER FINOL, ANDRES, 1401 UNIVERSITY DR. STE 301 CORAL SPRING FL 33071 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER GORRIN, ALVARO 400 S DIXIE HWY CORAL GABLES FL 33146 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MORENO, IGNACIO 400 S DIXIE HWY CORAL GABLES FL 33146 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>10. ADDITIONS/CHANGES</b>					
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"/> Change <input type="checkbox"/> Addition				
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"/> Change <input type="checkbox"/> Addition				
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:  DATE 4/15/05 305-6697988 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					