2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# L03000039993

Entity Name: 2780 SW 37TH. AVENUE, L.L.C.

Current Principal Place of Business:

6915 RED RD., STE. 215A
CORAL GABLES, FL 33143

New Principal Place of Business:

6915 RED RD., STE 215A
CORAL GABLES, FL 33143

Current Mailing Address:

6915 RED RD., STE. 215A
CORAL GABLES, FL 33143

New Mailing Address:

FEI Number: 20-0380702 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALAM, TONI H
6915 RED RD., STE. 215A
CORAL GABLES, FL 33143

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: ALAM, TONI H
Address: 12005 SW 100 AVENUE
City-St-Zip: MIAMI, FL 33176

Title: MGRM ( ) Change (X) Addition
Name: PACIFIC CABLE TELEVI, SION, INC.
Address: 2600 DOUGLAS ROAD, STE 1004
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Change (X) Addition
Name: EL-ALAM, ALEXANDRA
Address: 12005 SW 100 AVENUE
City-St-Zip: MIAMI, FL 33176

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: TONI H. ALAM MGRM 04/29/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date