


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 19, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90075 009 \*\*\*\*50.00

<b>DOCUMENT # L03000042207</b>	
1. Entity Name <b>WESTON LAND GROUP, LLC</b>	

Principal Place of Business <b>C/O BAYSHORE LAND GROUP, INC. 255 ALHAMBRA CIRCLE STE. 325 CORAL GABLES, FL 33134</b>	Mailing Address <b>C/O BAYSHORE LAND GROUP, INC. 255 ALHAMBRA CIRCLE STE. 325 CORAL GABLES, FL 33134</b>
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**34006707**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02032004 Chg-LLC CR2E083 (10/03)

5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MAGNAIR, CHRISTOPHER J C/O BAYSHORE LAND GROUP, INC. 255 ALHAMBRA CIRCLE STE. 325 CORAL GABLES, FL 33134</b>	

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	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MIML LIMITED PARTNERSHIP			NAME			
STREET ADDRESS	19501 BISCAYNE BLVD STE. 400			STREET ADDRESS			
CITY- ST- ZIP	AVENTURA, FL 33180			CITY- ST- ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BBS LAND GROUP, LLC			NAME			
STREET ADDRESS	255 ALHAMBRA CIRCLE STE. 325			STREET ADDRESS			
CITY- ST- ZIP	CORAL GABLES, FL 33134			CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				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: <i>Christopher J. Magnair</i>	Date: <i>4/29/04</i>	Daytime Phone #: <i>305-445-6161</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		