2005 LIMITED LIABILITY COMPANY

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

FILED Apr 20, 2005 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # L03000042571** 1. Entity Name TNA LLC Principal Place of Business Mailing Address 828 WASHINGTON AVE 828 WASHINGTON AVE MIAMI BEACH, FL 33139 US MIAMI BEACH, FL 33139 04112005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0469277 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RATNER, CHARLES H DO NOT WRITE 1800 SUNSET HARBOUR DRIVE SUITE #2 IN THIS SPACE MIAMI BEACH, FL 33139 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, 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 May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE GLASER, TODD NAME PO BOX 402249 STREET ADDRESS MIAMI BEACH, FL 33140 CITY-ST-ZIP MGRM TITLE LIEBERMAN, ALAN NAME 828 WASHINGTON AVE STREET ADDRESS MIAMI BEACH, FL 33139 CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not quality 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 sharmave 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 employered to execute this report as required by Chapter 608, Florida Statutes.

MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE