


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90096 025 ****50.00

DOCUMENT # L03000043530		
1. Entity Name ONE BAL HARBOUR LLC		

Principal Place of Business 224 W. FLAGLER ST. MIAMI, FL 33130 US	Mailing Address 224 W. FLAGLER ST. MIAMI, FL 33130 US
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2. Principal Place of Business 1390 Brickell Av. Suite, Apt. #, etc. 980 City & State Miami, FL Zip 33131 Country USA	3. Mailing Address 9160 W. Bay Harbor Dr. Suite, Apt. #, etc. PH-3 City & State Bay Harbor Islands, FL Zip 33154 Country USA
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04212005 Chg-LLC CR2E083 (10/03)

4. FEI Number 81-0052180	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent HANNON, WILLIAM S 224 W. FLAGLER ST. MIAMI, FL 33130
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7. Name and Address of New Registered Agent Name Hannon, William S Street Address (P.O. Box Number is Not Acceptable) 9160 W. Bay Harbor Dr. City Bay Harbor Islands FL Zip Code 33154
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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 **4-21-05**
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, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM G&S DEVELOPMENT CORP. 224 W. FLAGLER ST. MIAMI, FL 33130 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM G&S Development Corp c/o 9160 W. Bay Harbor Dr. PH-3 Bay Harbor Islands, FL 33154 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 **4-21-05** 305-816-9893
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE