

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90057 050 \*\*\*\*55.00

**DOCUMENT # L03000049876**

1. Entity Name  
**ONE BAL HARBOUR 19C-1, LLC**



Principal Place of Business 1451 OCEAN DRIVE 102 MIAMI BEACH, FL 33139	Mailing Address 1451 OCEAN DRIVE 102 MIAMI BEACH, FL 33139
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**DO NOT WRITE IN THIS SPACE**



04272005No Chg-LLC CR2E083 (10/03)

4. FEI Number 14-1902363	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CARMENATE, ELOY  
 1451 OCEAN DRIVE  
 102  
 MIAMI BEACH, FL 33139

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARMENATE, ELOY 1451 OCEAN DRIVE, STE. 102 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** W. Scott Martin **W. Scott Martin** **4/28/05** **305-794-2491**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #