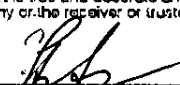


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT****FILED**
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90215 015 ****50.00

DOCUMENT # L03000051219					
1. Entity Name 1205 LA PERLA, LLC					
Principal Place of Business C/O FROMBERG, PERLOW & KORNIK, P.A. 18901 NE 29TH AVE, STE 100 AVENTURA, FL 33180			Mailing Address C/O FROMBERG, PERLOW & KORNIK, P.A. 18901 NE 29TH AVE, STE 100 AVENTURA, FL 33180		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number ☐	
				Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DADE COUNTY CORPORATE AGENTS, INC. SUITE 100, 18901 NE 29TH AVE AVENTURA, FL 33180			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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE					
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	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	AGUDELO, JULIA		NAME		
STREET ADDRESS	18901 NW 29TH AVE, STE 100		STREET ADDRESS		
CITY- ST- ZIP	AVENTURA, FL 33180		CITY- ST- ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Arkady Taubin		NAME		
STREET ADDRESS	5406 Huckleberry Ln		STREET ADDRESS		
CITY- ST- ZIP	Houston, TX 77056		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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: 			3/21/04 832-216-0066		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		