FILED
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Secretary of State

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000051917

1. Entity Name
MIAMI-DADE VISITOR MEDIA, LLC

U00000356833
05/04/05-80130-014 50.00

Principal Place of Business	Mailing Address
2655 LEJEUNE ROAD STE. 513 CORAL GABLES, FL 33134	2655 LEJEUNE ROAD STE. 513 CORAL GABLES, FL 33134

04292005No Chg-LLC CR2E083 (10/03)

4. FEI Number
52-2436251
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVIN, HERBERT M
2655 LEJEUNE ROAD STE. 513
CORAL GABLES, FL 33134

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, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	DE CARDENAS, JORGE
STREET ADDRESS	2655 LEJEUNE ROAD STE. 513
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	MGRM
NAME	LEVIN, HERBERT M
STREET ADDRESS	2655 LEJEUNE ROAD STE. 513
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	MGRM
NAME	FABRICIO, ROBERTO
STREET ADDRESS	2655 LEJEUNE ROAD STE. 513
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	MGRM
NAME	LLOPIS, VINCE
STREET ADDRESS	2655 LEJEUNE ROAD STE. 513
CITY-ST-ZIP	CORAL GABLES, FL 33134
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 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: J DeCardenas JDECARDENAS 4/28/05 (305) 728-1313
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #