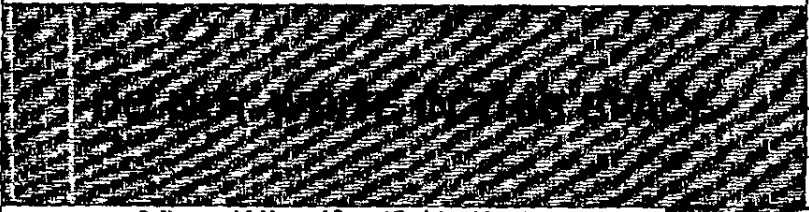
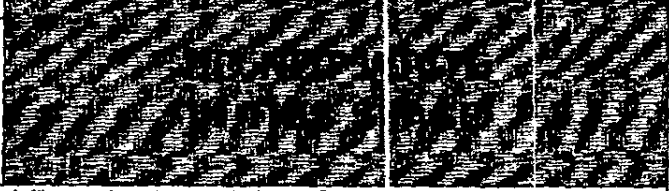
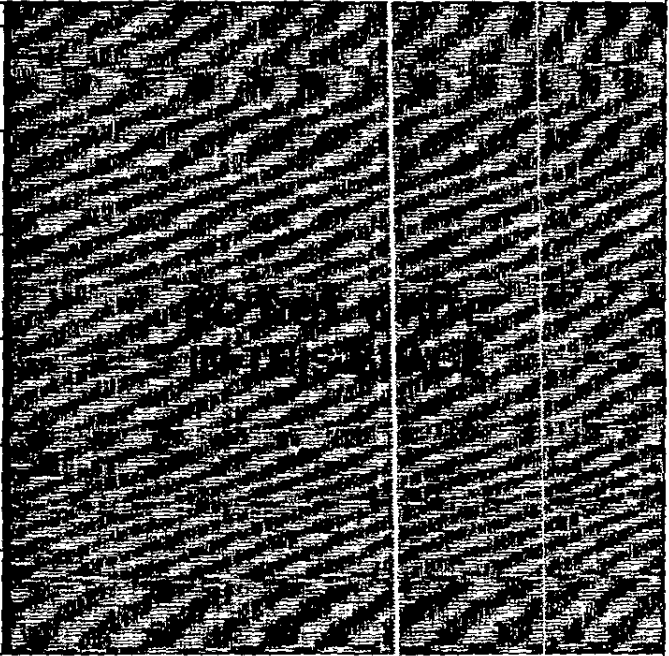
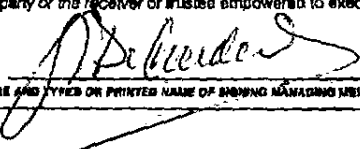


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000051917			
1. Entity Name MIAMI-DADE VISITOR MEDIA, LLC			
Principal Place of Business 2655 LEJEUNE ROAD STE. 513 CORAL GABLES, FL 33134		Mailing Address 2655 LEJEUNE ROAD STE. 513 CORAL GABLES, FL 33134	
		U000000356833 05/04/05-80130-014 50.00	
			
		04292005 No Chg-LLC CR2E083 (11/03)	
		4. FEI Number 52-2438251	
		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 fee if applicable. (NOTE: Registered Agent signature required when reappointing)			
Filing Fee is \$50.00 Due by May 1, 2005			
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE CARDENAS, JORGE 2655 LEJEUNE ROAD STE. 513 CORAL GABLES, FL 33134		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEVIN, HERBERT M 2655 LEJEUNE ROAD STE. 513 CORAL GABLES, FL 33134		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FABRICIO, ROBERTO 2655 LEJEUNE ROAD STE. 513 CORAL GABLES, FL 33134		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LLOPIS, VINCE 2655 LEJEUNE ROAD STE. 513 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)(f), 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 808, Florida Statutes.			
SIGNATURE:  JLDECARDENAS		4/28/05 (305) 728-1313	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	