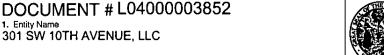
## 2005 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT**





FILED

Apr 27, 2005 8:00 am Secretary of State

04-27-2005 90044 030 \*\*\*\*55.00

1. Entity Name 301 ŚW 10TH AVENUE, LLC FAUNCOIM Principal Place of Business Mailing Address 572 WEST 187TH ST 572 WEST 187TH ST NEW YORK, NY 10033 NEW YORK, NY 10033 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04062005 Chg-LLC CR2E083 (10/03) 4. FEI Number City & State City & State Applied For 20-059501 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ADMIRE, ROBERT Street Address (P.O. Box Number is Not Acceptable) 2511 PONCE DE LEON BLVD, STE 320 CORAL GABLES, FL 33134 Zip Code FL 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 reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR ime TITLE Defete Change ☐ Addition TUR. JOSE NAME NAME **572 WEST 187TH ST** STREET ADDRESS STREET ADDRESS NEW YORK, NY 10033 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITEF ☐ Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P

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: 2

D OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #