2005 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # L04000003854

1620 NW 4TH STREET, LLC

STREET ADORESS

CITY-ST-ZIP

Principal Place of Business Mailing Address 14002613 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 4 City & State City & State Applied For Not Applicable Zip Zip Country 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 2511 PONCE DE LEON BLVD, STE 320 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES, FL 33134 City 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 typed or printed name of registered egent 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 TITLE Delete TITLE □ Change ■ Addition TUR, JOSE NAME NAME STREET ADDRESS 572 WEST 187TH ST STREET ADDRESS NEW YORK, NY 10033 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Oelete TITLE TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ■ Addition NAME NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Addition TITLE TITLE Change NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME

11. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: ED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Apr 27, 2005 8:00 am Secretary of State

04-27-2005 90044 029 ****55.00