




# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jun 20, 2005 8:00 am**  
**Secretary of State**

05-11-2005 90031 018 \*\*\*\*50.00

<b>DOCUMENT # L04000006717</b> 1. Entity Name <b>BLUTH PLAZA, L.L.C.</b>																													
Principal Place of Business <b>C/O CATLIN SAXON EVANS, ET AL 2600 DOUGLAS ROAD, SUITE 1109 CORAL GABLES FL 33134</b>			Mailing Address <b>C/O CATLIN SAXON EVANS, ET AL 2600 DOUGLAS ROAD, SUITE 1109 CORAL GABLES FL 33134</b>																										
2. Principal Place of Business <b>20401 N.W. 2 Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>1741 5th St.</b> Suite, Apt. #, etc.		  1st MOORE CR2E083 (10/04)																									
City & State <b>MIAMI, FL</b>		City & State <b>BROOKLYN, NY</b>																											
Zip <b>33129</b>		Zip <b>11219</b>																											
Country		Country																											
4. FEI Number <b>01-0805253</b>				Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				1st MOORE CR2E083 (10/04)																									
6. Name and Address of Current Registered Agent <b>EVANS, JAMES C ESQ. C/O CATLIN SAXON EVANS, ET AL 2600 DOUGLAS ROAD, SUITE 1109 CORAL GABLES FL 33134</b>																													
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2005</b>																													
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">           TITLE <b>MANAGING MEMBER</b>            NAME <b>MICHAEL BLUTH</b>            STREET ADDRESS <b>1741 5th St.</b>            CITY-STATE-ZIP <b>BROOKLYN, NY 11219</b> </td> <td style="width:50%; padding: 2px;"> <input type="checkbox"/> Delete         </td> </tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> </table>			TITLE <b>MANAGING MEMBER</b> NAME <b>MICHAEL BLUTH</b> STREET ADDRESS <b>1741 5th St.</b> CITY-STATE-ZIP <b>BROOKLYN, NY 11219</b>	<input type="checkbox"/> Delete											10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">           TITLE            NAME            STREET ADDRESS            CITY-STATE-ZIP         </td> <td style="width:50%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition										
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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 606, Florida Statutes.																													
SIGNATURE:  MEMBER 5-3-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																													