2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State
04-28-2005 90033 030 ****50.00

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1. Entity Name
BLK PROPERTIES, LLC

Principal Place of Business	Mailing Address
17821 BISCAYNE BLVD AVENTURA, FL 33160 US	PO BOX 630728 MIAMI, FL 33163

04112005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
19539 N.E. 17Ave. Suite, Apt. #, etc.	19539 N.E. 17 Ave. Suite, Apt. #, etc.
City & State: Miami FL	City & State: Miami FL
Zip: 33179 Country: USA	Zip: 33179 Country: USA

4. FEI Number: 20-1397789 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KLAHR, JOSE 20950 NE 24TH AVE MIAMI, FL 33180	Name: Jose CORKIDI Street Address (P.O. Box Number is Not Acceptable): 19539 N.E. 17 Ave. City: Miami FL Zip Code: 33179

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LANG, JERRY 17821 BISCAYNE BLVD AVENTURA, FL 33160	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Jose CORKIDI 19539 N.E. 17 Ave. MIAMI FL 33179	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BIGIO, ALAN 3530 MYSTIC POINTE DRIVE APT 2209 AVENTURA, FL 33180	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM JACQUES AGHION 19333 COLLINS Ave. #708 SUNNY ISLES, FL. 33160	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LUXURY WATERFRONTS, LLC PO BOX 630728 MIAMI, FL 33163	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 28/04/05 786-2[illegible]3655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #