## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 25, 2005 8:00 am Secretary of State

DOCUMENT # L04000011574  1. Entity Name SMART CENTER 2004 FIRST LLC  Principal Place of Business  Mailing Address							5 90093 034 ***	
601 BRICKELL KEY DR, STE 604 601 BRICKELL KEY DR, S MIAMI, FL 33131 MIAMI, FL 33131				4	i cathrali en	GEM BIEN GEM GEM GE	n eliti (IPS) first sim (SPN 8)	1881 #1 18 <b>0</b> 1
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03182005	Chg-LLC	CR2E083 (10/03)		
City & State		City & State		4. FEI Numbe	34-198	/ COU H	plied For Applicable	
Zip	Country	Zip Count		try	5. Certificate	of Status Desired	S5.00 Add	litional d
6. Name and Address of Current Registered Agent				Name	7. Name and	Address of New F	legistered Agent	
	CASTILLO B., P.A. CKELL AVE, STE 200 33131	Street Address		(P.O. Box Numbe	er is Not Acceptable	9)		
				City			FL Zip Cod	
	named entity submits this statement to ions of registered agent.	r the purpose of changing its	s registeri	ed office or register	red agent, or bot	h, in the State of Fk	orida. I am familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent (	and the li applicable. (NOT	E: Pagistera	Agent signature required	t when reinstating)		DATE	
Filing Fee is \$50.00 Due by May 1, 2005							te check payable to a Department of Stati	,
9.	MANAGING MEMBE	RS/MANAGERS	10.		<u></u>	ADDITIONS	CHANGES_	
TITLE NAME	MGRM DIAZ, GENARO	☐ Oelete	TITL!			_	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	601 BRICKELL KEY DR. STE 60 MIAMI, FL 33131	4 .	STRE	ET ADORESS -ST-ZIP				
TITLE	MGRM BUENO, JOSE LUIS	□: Deleta	TITLE NAME	1			Change	Addition
STREET ADDRESS CITY+ST-ZIP	601 BRICKELL KEY DR, STE 60 MIAMI, FL 33131	4	STRE	ET ADORESS -SI-ZIP				į
TITLE NAME		☐ Delete	TITLE	•			Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			STRE	et address				
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TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby indicated	certily that the information supplied with on this report is true and accurate and bility company or the receiver or frustee	Delete  Delete  this filing does not quality to that my signature shall have	TITLE HAME STRE CITY TITLE HAME STRE CITY TYTLE HAME STRE CITY THE EXECUTE THE	ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP  mption stated in Se to logal effect as if n	nade under oath ter 608, Florida S	; thet I am a manaç Statutes.	Change  Change	Addition  Addition