

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

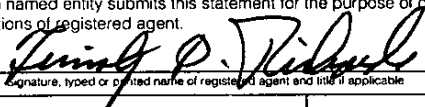
|                                          |  |                                                                                   |
|------------------------------------------|--|-----------------------------------------------------------------------------------|
| DOCUMENT # L04000015862                  |  |  |
| 1. Entity Name<br>CIMAX VERTICAL II, LLC |  |                                                                                   |

|                                                                                                                       |                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Principal Place of Business<br>C/O ROSENTHAL ROSENTHAL RASCO<br>2875 NE 191ST STREET, SUITE 500<br>AVENTURA, FL 33180 | Mailing Address<br>C/O ROSENTHAL ROSENTHAL RASCO<br>2875 NE 191ST STREET, SUITE 500<br>AVENTURA, FL 33180 |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

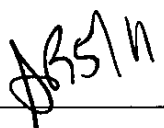
|                                                          |                                              |
|----------------------------------------------------------|----------------------------------------------|
| 2. Principal Place of Business<br>3169 N.E. 163rd Street | 3. Mailing Address<br>2665 S. Bayshore Drive |
| Suite, Apt. #, etc.                                      | Suite, Apt. #, etc.<br>Suite 703             |

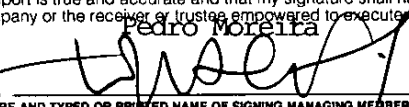
|                                    |                           |
|------------------------------------|---------------------------|
| City & State<br>N. Miami Beach, FL | City & State<br>Miami, FL |
| Zip<br>33160                       | Country<br>USA            |
| Zip<br>33133                       | Country<br>USA            |

|                                                                                                                                    |  |                                                                                                                                                                                                                         |  |
|------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><br>RASCO, EDUARDO I<br>2875 NE 191ST STREET<br>SUITE 500<br>AVENTURA, FL 33180 |  | 7. Name and Address of New Registered Agent<br>Name<br>World Corporate Services, Inc.<br>Street Address (P.O. Box Number is Not Acceptable)<br>2665 S. Bayshore Drive, #703<br>City<br>Miami<br>FL<br>Zip Code<br>33133 |  |
|------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

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| 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                                                                                                                                   | Timothy D. Richards, President 4/29/05<br>(NOTE: Registered Agent signature required when reinstating) |

|                                             |                                                      |
|---------------------------------------------|------------------------------------------------------|
| Filing Fee is \$50.00<br>Due by May 1, 2005 | Make check payable to<br>Florida Department of State |
|---------------------------------------------|------------------------------------------------------|

| 9. MANAGING MEMBERS/MANAGERS                   |                                 | 10. ADDITIONS/CHANGES                          |                                                                                                                                                                           |
|------------------------------------------------|---------------------------------|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>MGR<br>Moreira, Pedro<br>3169 N.E. 163rd Street<br>N. Miami Beach, FL 33160               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>MGR<br>Dos Santos Martins, Madalena<br>3169 N.E. 163rd Street<br>N. Miami Beach, FL 33160 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>500054529535<br>05/13/05--01066--017 ***982.50                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:                                                                                                                                                                                                                                                                                                                                                                                                                 | 4/29/05 (305) 948-3366 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                         |                        |

FILED  
05 MAY -4 PM 1:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04282005 Chg-LLC CR2E083 (10/03)

|                                                           |                                                        |
|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br>20-2530367                               | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required                         |