## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 23, 2005 8:00 am Secretary of State 05-02-2005 90085 026 \*\*\*\*50.00

1. Entity Name		L04000017 LC	'102				03-02-20	03 900	03 020 **	30.00	
Principal Place of Business 2307 DOUGLAS RD 400			Mailing Address 2307 DOUGLAS RD 400			1	30007221				
MIAMI, FL 33145 US			MIAMI, FL 33145 US								
2. Principal Place of Business			3. Mailing Address						. E	111 10 111	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04282005	Chg-LLC	CR2E	:083 (10/03) —		
City & State			City & State			4. FEI Numi	-08073	72	• • • • • • • • • • • • • • • • • • •	plied For Applicable	
Zip		ountry	Zip	Cour	ntry	5. Certificat	e of Status Desired	0	\$5.00 Add Fee Require		
	6. Name end	Address of Current	Registered Agent		Name	7. Name an	d Address of New F	legistered	Agent		
OVIES, IDA							per is Not Acceptable	e)	<u>_</u>		
400		•									
MIAMI, FL 33145				City				F	Zip Code	•	
8. The above	named entity sub	omits this statement for	or the purpose of changing i	ts register	ed office or regis	stered agent, or b	oth, in the State of Fk			and accept	
SIGNATURE	ons of registered	agent,	and see if epolicable (NC	OTE: Registers	id Agent signeture requ	ured when remeating)		DATE			
Filing Fee is \$50.00 Due by May 1, 2005									payable to ment of State	•	
9. MANAGING MEMBER						ADDITIONS	/CHANGE				
TITLE NAME	MGR SARLENGA, I	DANIEL	Oelete TITLE						Change	Addition	
STREET ADDRESS CITY-ST-ZIP	2307 DOUGL MIAMI, FL 33			EET ADORESS.							
TITLE			Deleto	☐ Delete TITLI					Change	☐ Addition	
NAME STREET ADDRESS			RAN STR	Æ EET ADORESS							
CITY-ST-ZIP					/-\$1-ZIP						
TITLE			C Ocleta	TITL	- 1				Change	Addition	
STREET ADDRESS				STR	EE1 ADDRESS						
CITY-ST-ZIP					r-\$1-ZIP		<del></del>		<b>63</b> 00000		
TITLE NAME			☐ Oelets	TITL NAM	· i				Change	Addition	
STREET ADDRESS					EET ADDRESS 1-S1-2P						
TITLE			☐ Deleiz	TITE		<del></del>			Change	Addition	
NAME				HAS	Æ						
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS (-S1-ZIP						
iate	<u> </u>		□ Delets	TITE					Change	Addition	
NAME				***	I						
CITY-ST-ZIP	!				EET AODRESS Y-ST-ZIP						
indicated	on this report is I bility company or	true and accurate and the receiver or truste	th this filing does not qualify d that my signature shall have empowered to execute the	e the sam	e legal effect as	if made under cal	h; that I am a mana	ging mem	ertily that the ir ber or manage	formation of the	