2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Jul 11, 2005 8:00 am Secretary of State **DOCUMENT # L04000019804** 03-23-2005 90244 009 ***150.00 POLÝNESIAN GARDENS, L.L.C. Principal Place of Business Mailing Address 2766 N.W. 62 STREET 2766 N.W. 62 STREET MIAMI, FL 33147 MIAMI, FL 33147 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07052005 Chg-LLC CR2E083 (10/03) 4. FEI Number City & State Applied For City & State Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GONZALEZ, RENE Street Address (P.O. Box Number is Not Acceptable) 2766 N.W. 62 STREET MIAMI, FL 33147 City 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by September 7, 2005 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10 ADDITIONS/CHANGES V.P MANA O-ER TITLE ☐ Delete TITLE Change ☐ Addition Reve Gouzalez NAME NAME STREET ADDRESS STREET ADDRESS 2760 NW 62ST CITY-ST-ZIP CITY-ST-ZIP MIRMI FL 33147 MANAGING MEMber TITLE mes ☐ Delete Change ☐ Addition RAYMOND GOWZA142 NAME STREET ADDRESS 2766 NW 629t STREET ADDRESS MIKMI FL 33147 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITI F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 signated 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 trystee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

FILED

Polynesian Gardens, L.L.C.
2766 NW 62nd St. Miami, FL 33147

July 6, 2005

Florida Department of State Secretary of State Glenda E. Hood DIVISION OF CORP. P.O. Box 6327 Tallahassee, FL 32314

Ref:

Ploynesian Gardens, LLC Document # L04000019804

To Whom It May Concern:

On March 16, 2005 we sent the annual report form for Polynesian Gardens, L.L.C. with a check for the amount of \$150.00 check # 1064. But recently, we received a notice of intent to dissolve. By calling your dept. we originally did not fill out the FEI # and the Managing Members/Managers slots. Enclosed is the new form with the missing information filled out.

If you may have any questions feel free to call me 305-634-9454.

Sincerely

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