

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-28-2005 90049001 *3,150.00

FILED L04000020890

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY -9 AM 9:13

DOCUMENT # L04000020890 1. Entity Name MARISA MESSORE & ELEANOR ETKIN-KRAMER, LLC <div style="margin-left: 150px;">ELEANOR</div>																													
Principal Place of Business 3225 AVIATION AVE., SUITE 500 MIAMI, FL 33133-4741			Mailing Address 3225 AVIATION AVE., SUITE 500 MIAMI, FL 33133-4741																										
2. Principal Place of Business 4302 Alton Rd. Suite, Apt. #, etc. Ste 470 City & State Miami Beach, FL Zip 33140 Country U.S.A.		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		04212005 Chg-LLC CR2E083 (10/03) 4. FEI Number 54-2129332 Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent YELEN, MITCHELL A 3225 AVIATION AVE., SUITE 500 MIAMI, FL 33133-4741																									
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																									
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State		9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>		TITLE	Delete <input type="checkbox"/>	NAME		STREET ADDRESS		CITY - ST - ZIP																	
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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: <u>Mitchell A. Yelen</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date: <u>04/25/05</u> Daytime Phone: <u>305-858-5800</u>																									

Mitchell A. Yelen