
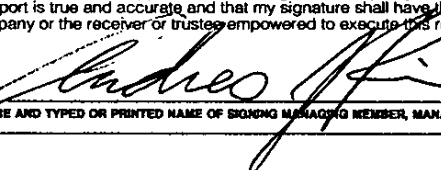


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 03, 2005 8:00 am
Secretary of State

08-03-2005 90020 014 ****50.00

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|--|---|--|---|--|--|
| DOCUMENT # L04000023675 | | | |  | |
| 1. Entity Name TRES RIOS REAL ESTATE HOLDINGS, LLC | | | | | |
| Principal Place of Business 5825 COLLINS AVE, UNIT 15F MIAMI BEACH, FL 33140 | | | Mailing Address 5825 COLLINS AVE, UNIT 15F MIAMI BEACH, FL 33140 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 07282005 Chg-LLC CR2E083 (10/03) | |
| 4. FEI Number | | | | <input checked="" type="checkbox"/> 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 | | | 7. Name and Address of New Registered Agent | | |
| PORTUONDO, FERNANDO J ESQ FERNANDO J. PORTUONDO, P.A. 2121 PONCE DE LEON BLVD, STE 600 CORAL GABLES, FL 33134 | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by September 7, 2005 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM RIOS, MARTA 5825 COLLINS AVE, UNIT 15F MIAMI BEACH, FL 33140 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM RIOS, ANDRES SR. 5825 COLLINS AVE, UNIT 15F MIAMI BEACH, FL 33140 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM RIOS, ANDRES JR. 5825 COLLINS AVE, UNIT 15F MIAMI BEACH, FL 33140 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM RIOS, ANDRES JR. 5825 COLLINS AVE, UNIT 15F MIAMI BEACH, FL 33140 | <input type="checkbox"/> Delete | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM RIOS, ANDRES JR. 5825 COLLINS AVE, UNIT 15F MIAMI BEACH, FL 33140 | <input type="checkbox"/> Delete | | | |
| 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:  | | | Date: 8/1/05 Daytime Phone #: 973-650-4963 | | |