

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000026052

1. Entity Name
CIMAX VERTICAL I, LLC

FILED
05 MAY -4 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
C/O ROSENTHAL ROSENTHAL RASCO
2875 NE 191ST STREET, SUITE 500
AVENTURA, FL 33180 US

Mailing Address
C/O ROSENTHAL ROSENTHAL RASCO
2875 NE 191ST STREET, SUITE 500
AVENTURA, FL 33180 US

2. Principal Place of Business
3169 N.E. 163rd Street3. Mailing Address
2665 S. Bayshore Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 703

04282005 Chg-LLC CR2E083 (10/03)

City & State
N. Miami Beach, FLCity & State
Miami, FL4. FEI Number
20-2530330Applied For
Not ApplicableZip
33180Country
USAZip
33133Country
USA5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RASCO, EDUARDO I
2875 NE 191ST STREET
SUITE 500
AVENTURA, FL 33180

7. Name and Address of New Registered Agent

Name
World Corporate Services, Inc.Street Address (P.O. Box Number is Not Acceptable)
2665 S. Bayshore Drive, #703City
Miami FL Zip Code
33133

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* Timothy D. Richards, President 4/29/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATEFiling Fee is \$50.00
Due by May 1, 2005Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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10. ADDITIONS/CHANGES

TITLE
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CITY-ST-ZIP

☐ Change ☒ Addition

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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/29/05

(305) 948-3366

Date

Daytime Phone #