

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000029402

Entity Name: 4 MAVERICKS @ KON TIKI, LLC

FILED
Feb 04, 2005
Secretary of State

Current Principal Place of Business:

6500 CELLINI STREET
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

6500 CELLINI STREET
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 20-1024166

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOOD, RICHARD A
100 S.E. 2ND STREET, 17TH FLOOR
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

WOOD, RICHARD A
1395 BRICKELL AVENUE
14TH FLOOR
MIAMI, FL 33131 US

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.

SIGNATURE: RICHARD A. WOOD

02/04/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: WOOD, RICHARD A
Address: 6500 CELLINI STREET
City-St-Zip: CORAL GABLES, FL 33146

Title: MGRM () Delete
Name: CLEMENTS, CHARLES L III
Address: 6500 CELLINI STREET
City-St-Zip: CORAL GABLES, FL 33146

Title: MGRM () Delete
Name: GAUTIER, DANIEL D
Address: 6500 CELLINI STREET
City-St-Zip: CORAL GABLES, FL 33146

Title: MGRM () Delete
Name: LAYNE, JERRY M
Address: 6500 CELLINI STREET
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: RICHARD A. WOOD

MGRM

02/04/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date