


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90023 033 ****50.00

DOCUMENT # L04000029876	
1. Entity Name GERALD DUTY, P.L.	

Principal Place of Business 1200 ANASTASIA AVENUE SUITE 310 CORAL GABLES, FL 33134 US	Mailing Address 1200 ANASTASIA AVENUE SUITE 310 CORAL GABLES, FL 33134 US
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2. Principal Place of Business 201 S. Biscayne Blvd 28th Floor	3. Mailing Address 201 South Biscayne Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc. 28th Floor
City & State Miami FL	City & State Miami FL



04132005	Chg-LLC	CR2E083 (10/03)
4. FEI Number 20-1013672	Applied For Not Applicable	

Zip 33131	Country USA	Zip 33131	Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

DUTY, GERALD S
 1200 ANASTASIA AVENUE
 SUITE 310
 CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name
Gerald Duty

Street Address (P.O. Box Number is Not Acceptable)
201 S Biscayne Blvd
28th Floor

City
Miami FL Zip Code
33131

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 April 13, 2005

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
 Due by May 1, 2005**

**Make check payable to:
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUTY, GERALD S 1200 ANASTASIA AVENUE, SUITE 310 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Gerald Duty 201 S. Biscayne Blvd, 28th Floor Miami FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **April 13, 2005** 305 913 7574

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #