


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90179 023 ****50.00

DOCUMENT # L04000031216					
1. Entity Name 264 GIRALDA LLC					
Principal Place of Business C/O FRANCIS E. RODRIGUEZ, ESQ. 201 S. BISCAYNE BLVD., 1500 MIAMI CENTER MIAMI, FL 33131			Mailing Address C/O FRANCIS E. RODRIGUEZ, ESQ. 201 S. BISCAYNE BLVD., 1500 MIAMI CENTER MIAMI, FL 33131		
2. Principal Place of Business 264 Giralda Avenue			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Coral Gables, Florida			City & State		
Zip 33134-5013		Country		4. FEI Number 20-105 3882	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CROPORATION COMPANY OF MIAMI C/O FRANCIS E. RODRIGUEZ, ESQ. 201 S. BISCAYNE BLVD., 1500 MIAMI CENTER MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Corporation Company of Miami Street Address (P.O. Box Number is Not Acceptable) c/o Francis E. Rodriguez, Esq. 201 S. Biscayne Blvd., 1500 Miami Center 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 <u>By: Timothy J. Murphy, President</u> (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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Mayra Velez 264 Giralda Avenue Coral Gables, Florida 33134-5013 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			01/07/05 305 458 783 Date Daytime Phone #		