


# 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.

01042005 Chg-LLC CR2E083 (10/03)

City & State  
**Coral Gables, Florida**

City & State

4. FEI Number  
**20-105 3882**

Applied For  
 Not Applicable

Zip  
**33134-5013**

Country

5. Certificate of Status Desired  \$5.00 Additional Fee Required

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 By:  **Timothy J. Murphy, President**

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

DATE

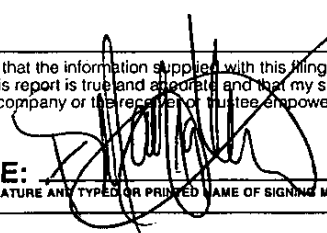
**Filing Fee is \$50.00  
 Due by May 1, 2005**

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Mayra Velez 264 Giralda Avenue Coral Gables, Florida <del>33134-5013</del> <input type="checkbox"/> Change <input checked="" 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
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:**  **01/07/05 305 458 8783**

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

Date Daytime Phone #