
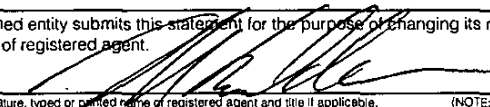


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 27, 2005 8:00 am**  
**Secretary of State**

06-27-2005 90135 011 \*\*\*\*\*50.00

<b>DOCUMENT # L04000036626</b>					
<b>1. Entity Name</b> USM 27TH AVENUE, LLC					
<b>Principal Place of Business</b> 1021 IVES DAIRY ROAD 111 MIAMI, FL 33179			<b>Mailing Address</b> 1021 IVES DAIRY ROAD 111 MIAMI, FL 33179		
<b>2. Principal Place of Business</b> 2815 NE 191st Street Suite, Apt., #, etc. Suite 400A City & State Aventura, FL Zip 33180 Country USA		<b>3. Mailing Address</b> 2815 NE 191st Street Suite, Apt., #, etc. Suite 400A City & State Aventura, FL Zip 33180 Country USA			
<b>4. FEI Number</b> 06-1705323				06212005    Chg-LLC    CR2E083 (10/03)	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> FELDMAN, MITCHELL A 1021 IVES DAIRY ROAD 111 MIAMI, FL 33179			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code		
<b>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.</b> SIGNATURE  DATE 6/20/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FELDMAN, MITCHELL A 1021 IVES DAIRY ROAD, SUITE 111 MIAMI, FL 33179	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Feldman, Mitchell A 2815 NE 191st Street, Ste 400A Aventura, FL 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ALAN, BENENSON I 1021 IVES DAIRY ROAD, SUITE 111 MIAMI, FL 33179	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Benenson, Alan I 2815 NE 191st Street, Ste 400A Aventura, FL 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KATZ, EZRA Z 2665 S. BAYSHORE DR., PH2A MIAMI, FL 33133	<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
<b>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.</b>					
<b>SIGNATURE:</b> 			6/20/05    305-651-3756		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date    Daytime Phone #</small>		