## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 02, 2005 8:00 am Secretary of State

Principal Place of Business	DOCUMENT # L04000037314  1. Entity Name STATION EXXTRA, LLC					05-02-2005 90124 050 ****50.00				
Suite, Apt. #, etc.    Suite, Apt. #, etc.	C/OR 20801 SUITE 501	BISCAYNE BLVD.	C/OR 20801 BISCAYNE BLVD. Suite 501			] 	38111 81811 8811 88111 6811	Il deren hiri fêren hire itali ête	ESI (II) IĒŠI	
City & State    Country   Country   Country   Country   S. Certificate of Status Desired   S. Country   S. Certificate of New Registered Agent   S. Certificate of New Registered Agent   S. Country   S. Certificate of New Registered Agent   S. Certificat	2. Principal Pl	ace of Business	3. Mailing Address							
Country   Zip   Country   Zip   Country   St. Certificate of Status Desired   S5.00 Additional Rep Registered Agent   7, Name and Address of New Registered Agent   Name	Suite, Apt. #, etc.						-	CR2E083 (10/03)		
6. Name and Address of Current Registered Agent  LEOPOLD, KORN & LEOPOLD, P.A. C/O 20801 BISCAYNE BOULEVARD SUITE 501 AVENTURA, FL 33180  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, and accept the obligations of registered agent, and accept the obligations of registered agent agent are accept agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, and accept the obligations of registered agent. In the State of Fiorida. I am familiar with, and accept the obligations of registered agent.  FEL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.  FILE Agent	City & State		City & State		20 - /	40651	No	t Applicable		
Name	Zip	Country Zip		Coun	try	5. Certificate of Status				
LEOPOLD, KORN & LEOPOLD, P.A. C/O 20801 BISCAYNE BOULEVARD SUITE 501 AVENTURA, FL 33180  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Filling Fee is \$50.00 Due by May 1, 2005  Phone by May 1, 2005  INTE  MARK Check payable to Fiorida Department of State  9. MANAGING MEMBERS/MANAGERS  INTE MARE JANOWSKI, ESTANISLAO SIREE ADRESS OUT-S1-ZIP  INTE MARE JAROWSKI, ESTANISLAO SIREE ADRESS OUT-S1-ZIP  INTE MARE JAROWSKI, ESTANISLAO SIREE ADRESS OUT-S1-ZIP  INTE MARE JAROWSKI, ESTANISLAO SIREE ADRESS OUT-S1-ZIP  INTE MARE JAROWSKI		6. Name and Address of Current F	Name	7. Name and Address of New Registered Agent						
AVENTURA, FL 33180  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Filing Foe is \$50.00  Due by May 1, 2005  Make check payable to Florida Department of State  9. MANAGING MEMBERS/MANAGERS  ITILE  MARE JANOVASKI, ESTANISLAO STRETADORSS Chr-si-zip  ITILE  INALE STRETADORSS Chr-si-zip  TILE INALE STRETADORSS Chr-si-zip TILE INALE STRETADORSS Chr-si-zip TILE INALE STRETADORSS Chr-si-zip TILE INALE STRETADORSS Chr-si-zip TILE INALE STRETADORSS Chr-si-zip TILE INALE STRETADORSS STRETADORSS Chr-si-zip TILE INALE STRETADORSS										
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    Filling Fee is \$50.00   Make check payable to Florida Department of State   Make Check payable to Florida Department of State										
The obligations of registered agent.  SIGNATURE  Signature, Typed or printed name of registered agent and the if applicable.  Pfilling Fee is \$50.00  Due by May 1, 2005  Make check payable to Florida Department of State  9. MANAGING MEMBERS/MANAGERS  TITLE  MARE  JANOWSKI, ESTANISLAO  STREET ADDRESS  CITY-ST-2P  TITLE  JANOWS	<u> </u>									
Filing Foe is \$50.00 Due by May 1, 2005    Make check payable to Florida Department of State										
Pue by May 1, 2005    Plorida Department of State	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
TITLE MAME JANOWSKI, ESTANISLAO Delete MAME CITY-ST-ZIP AVENTURA, FL 33180 Delete STREET ADDRESS CITY-ST-ZIP DELETE DELET	Fi De					1				
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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 to this count is true and that my closely the same level effect as if made under only that the large and the	NAME STREET ADDRESS CITY-ST-ZIP			NAM STRI CITY	IE EET ADDRESS '-ST-ZIP					

11. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 legality or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ESTATIS LAD PANOWSIZ

04/28/05 (301) 935-697 Daytime Prone \*