

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000038181

FILED
Mar 29, 2005
Secretary of State

Entity Name: IMAGINE8 PROPERTIES, LLC

Current Principal Place of Business:

5270 N. KENDALL DRIVE
CORAL GABLES, FL 33156

New Principal Place of Business:

5270 N. KENDALL DRIVE
CORAL GABLES, FL 33156 US

Current Mailing Address:

5270 N. KENDALL DRIVE
CORAL GABLES, FL 33156

New Mailing Address:

5270 N. KENDALL DRIVE
CORAL GABLES, FL 33156 US

FEI Number: 16-1701511

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TUCHMAN, ISAAC
5270 N. KENDALL DRIVE
CORAL GABLES, FL 33156 US

Name and Address of New Registered Agent:

SALAZAR, GERMAN A MR
7700 N KENDALL DR
809
MIAMI, FL 33156 US

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.

SIGNATURE: GERMAN A SALAZAR

03/29/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: TUCHMAN, ISAAC MR
Address: 5270 N KENDALL DR
City-St-Zip: CORAL GABLES, FL 33156 US

Title: MGRM () Change (X) Addition
Name: TUCHMAN, GINA K MS
Address: 5270 N KENDALL DR
City-St-Zip: CORAL GABLES, FL 33156 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: GINA K TUCHMAN

MS

03/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date