2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Secretary of State DOCUMENT # L04000045237 1. Entity Name 04-28-2005 90040 047 ****55.00 WEST 29TH STREET LAND INVESTMENTS, LLC Principal Place of Business Mailing Address PÓ BOX 526642 MIAMI FL 33152-6642 PO BOX 526642 MIAMI FL 33152-6642 **EVIUUUIU** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) City & State City & State 4. FEI Number Applied For 20-1256191 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DIAZ, JUAN ESQ 5800 NORTHWEST 74TH AVENUE Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33166** Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when issistizing FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES TITLE MGR TITLE ☐ Celete ☐ Change Addition NAME BARED, CARLOS E NAME STREET ADDRESS PO BOX 526642 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33152-6642 CITY-ST-ZIP DILE MCR ☐ Defeta ☐ Change Addition NAME BARED, MAURICE NAME STREET ADDRESS PO BOX 526642 STREET ADDRESS MIAMI FL 33152-6642 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deleta TITLE Channe ☐ Addition NAME MAME SURFEL ADDRESS STREET ADDRESS CITY-57-ZIP CITY-ST-70 INTLE ☐ Deleta ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP DITY-ST.78 TITLE Delete ☐ Chance ☐ Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 eath; that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. Apr 23 2005 SIGNATURE: > Jupa bine 627-M COUNSE Z AND TYPE) OR PRINTED MAME OF SIGNING MANAGENG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Jun 27, 2005 8:00 am