2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
May 31, 2005 8:00 am
Secretary of State

04-19-2005 90027 018 ****50.00

DOCUMENT # L04000045493

1. Entity Name
SYRIKA BROTHERS, LLC

Principal Place of Business
2100 PONCE DE LEON BOULEVARD, SUITE 600
CORAL GABLES, FL 33134

Mailing Address
2100 PONCE DE LEON BOULEVARD, SUITE 600
CORAL GABLES, FL 33134

04132005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
2458 Flamingo DR	2458 Flamingo DR #8
Suite, Apt. #, etc. #8	Suite, Apt. #, etc. #8
City & State Miami Beach, FL	City & State Miami Beach, FL
Zip 33140 / Country US	Zip 33140 / Country U.S.

4. FEI Number 20-1253176 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GURIAN, JORGE 2100 PONCE DE LEON BOULEVARD, SUITE 600 CORAL GABLES, FL 33134	Name Jorge Gurian Street Address (P.O. Box Number is Not Acceptable) 2458 Flamingo DR #8 City Miami Beach FL Zip Code 33140

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 reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Delete ROJAS, RODRIGO 2100 PONCE DE LEON BOULEVARD, SUITE 600 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☑ Change ☐ Addition Rojas Rodrigo 2458 Flamingo DR #8 Miami Beach, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Delete ROJAS, LILIANA 2100 PONCE DE LEON BOULEVARD, SUITE 600 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☑ Change ☐ Addition Rojas Liliana 2458 Flamingo DR #8 Miami Beach, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: X Liliana Rojas MGRM May 25/05 305-7423712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #