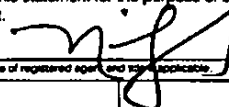
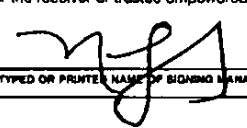


FILED
Jun 27, 2005 8:00 am
Secretary of State

05-02-2005 90114 025 ****50.00

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000046183			
1. Entity Name 610 WARREN LANE L.L.C.			
Principal Place of Business 520 BRICKELL KEY DRIVE, SUITE O-305 MIAMI, FL 33131		Mailing Address 520 BRICKELL KEY DRIVE, SUITE O-305 MIAMI, FL 33131	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-1276129		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TRANSGLOBAL CORPORATE ADMINISTRATION, INC 520 BRICKELL KEY DRIVE, SUITE O-305 MIAMI, FL 33131		7. Name and Address of New Registered Agent Transglobal Corp Administration, LLC 520 Brickell Key Dr. #0-305 Miami FL 33131	
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:  DATE: 4/22/05 (NOTE: Registered Agent signature required when renewing)			
Filing Fee is \$90.00 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	MGR MARIO CROGNALE, TOMAS 520 BRICKELL KEY DRIVE, SUITE O-305 MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS Stanley Nicholas 520 Brickell Key Dr. #0-305 Miami, FL 33131 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SHAMY, ELIZABETH 520 BRICKELL KEY DRIVE, SUITE O-305 MIAMI, FL 33131 ☐ 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:  A-Secretary		Date: 4/22/05 305 374 3800	