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Apr 27, 2005 8:00 am
Secretary of State
03-28-2005 90292 026 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000046625

1. Entity Name
CTI MIAMI, L.L.C.

30004678

03082005 Chg-LLC CR2E083 (10/03)

Principal Place of Business	Mailing Address
~~10511 SW 108TH AVE, #F191~~ ~~MIAMI, FL 33176~~ 12265 SW 132nd Ct, Unit 2 Miami, FL 33186	10511 SW 108TH AVE, #F191 MIAMI, FL 33176

2. Principal Place of Business	3. Mailing Address
12522 SW 94 TER	12522 SW 94 TER
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33186 Country:	Zip: 33186 Country:

4. FEI Number: 77-0643201 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PIGOTT, DAVID
10511 SW 108TH AVE, #F191
MIAMI, FL 33176

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 12522 SW 94 TERRACE
City: MIAMI FL Zip Code: 33186

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 ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PIGOTT, DAVID	NAME	
STREET ADDRESS	8306 MILLS DR, STE 211	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33183	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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 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 [signature] 03/22/05 (305)234-4380 (305)6096205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #