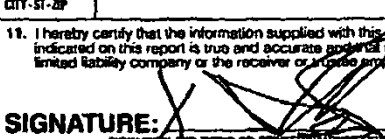


FILED
Apr 27, 2005 8:00 am
Secretary of State

03-28-2005 90292 026 ****50.00

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000046625			
1. Entity Name CTI MIAMI, L.L.C.			
Principal Place of Business 10511 SW 108TH AVE, #F191 MIAMI, FL 33176 12265 SW 132nd Ct, Unit 2 MIAMI, FL 33186		Mailing Address 10511 SW 108TH AVE, #F191 MIAMI, FL 33176	
2. Principal Place of Business 12522 SW 94 TER Suite, Apt. #, etc.		3. Mailing Address 12522 SW 94 TER Suite, Apt. #, etc.	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33186		Zip 33186	
Country		Country	
4. FEI Number 77-0643201		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		03082005 Chg-LLC CR2E083 (10/03)	
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 reissuing)			
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 ☐ 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	
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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)(f), 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 a person empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		03/22/05 (305)234-4380 (305)6096205	
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Name Phone	