2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2005
Secretary of State

DOCUMENT# L04000052816

Entity Name: GIRALDA COMPLEX, LLC

Current Principal Place of Business:

3000 N.W. 125 STREET
MIAMI, FL 33167 US

New Principal Place of Business:

Current Mailing Address:

2199 PONCE DE LEON BOULEVARD
SUITE 304
CORAL GABLES, FL 33134 US

New Mailing Address:

2222 PONCE DE LEON BOULEVARD
SUITE 500
CORAL GABLES, FL 33134 US

FEI Number: 20-1371381 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEHRMAN, JEFFREY E
2199 PONCE DE LEON BOULEVARD
SUITE 304
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

LEHRMAN, JEFFREY E
2222 PONCE DE LEON BOULEVARD
SUITE 500
CORAL GABLES, FL 33134 US

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.

SIGNATURE: JEFFREY E LEHRMAN 03/28/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: LENSI, ALBERTO
Address: 3000 NW 125 STREET
City-St-Zip: MIAMI, FL 33167

Title: MGRM ( ) Change (X) Addition
Name: ECKES-CHANTRE, HEIDRUN
Address: 3000 NW 125 STREET
City-St-Zip: MIAMI, FL 33167

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ALBERTO LENSI MGRM 03/28/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date