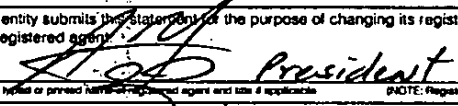
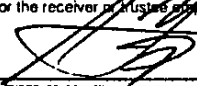


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 05, 2005 8:00 am
Secretary of State

04-20-2005 90037 003 ****55.00

DOCUMENT # L04000053844					
1. Entity Name LATIN Q TOWER, LLC					
Principal Place of Business 1023 NW 3RD AVENUE MIAMI, FL 33136			Mailing Address 1023 NW 3RD AVENUE MIAMI, FL 33136		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1426765	
				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	
NHDC BARCELONA, INC. 1023 NW 3RD AVENUE MIAMI, FL 33136				Name Latin Q Management Corp.	
				Street Address (P.O. Box Number is Not Acceptable) 1023 N W 3 rd. Ave.	
				City, State, Zip Miami, Fl. 33136	
				City, State, Zip Miami, Fl. FL 33136	
8. The above named entity submits the 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  President DATE 4/15/05					
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 NHDC Barcelona Inc. 1023 N W 3 rd Ave. Miami, FL 33136 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NHDC Barcelona Inc. 1023 N.W. 3 Ave. Miami, FL 33136 ☐ 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
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:  SALOMON YKEN DATE 4/15/05 DAYTIME PHONE # 305-3764412					