
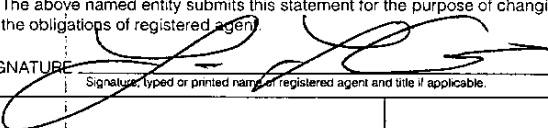
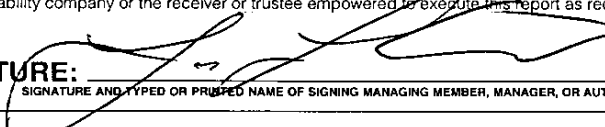


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90280 021 ****50.00

| | | | | | |
|--|---|--|--|---|--|
| DOCUMENT # L04000060330 1. Entity Name NINETY MILES PROPERTIES, L.L.C. | | | |  | |
| Principal Place of Business 1330 CORAL WAY SUITE 205 MIAMI, FL 33145 | | | Mailing Address 1330 CORAL WAY SUITE 205 MIAMI, FL 33145 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | |
| 4. FEI Number 20-1502700 | | | Applied For <input type="checkbox"/> Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | 02012005 Chg-LLC CR2E083 (10/03) | | |
| 6. Name and Address of Current Registered Agent PICART, SADY 1330 CORAL WAY SUITE 205 MIAMI, FL 33145 | | | 7. Name and Address of New Registered Agent Name: Jose L. Ares Street Address (P.O. Box Number is Not Acceptable): 1330 Coral Way Suite 205 City: miami FL Zip Code: 33145 | | |
| 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:  Jose L. Ares 2/1/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| 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 | MGR PICART, SADY 1330 CORAL WAY, SUITE 205 MIAMI, FL 33145 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ARES, JOSE L 1330 CORAL WAY, SUITE 205 MIAMI, FL 33145 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR OLMEDO, JAVIER 1330 CORAL WAY, SUITE 205 MIAMI, FL 33145 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR PICART, ILKA 1330 CORAL WAY, SUITE 205 MIAMI, FL 33145 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR PICART, ILKA 1330 CORAL WAY, SUITE 205 MIAMI, FL 33145 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR PICART, ILKA 1330 CORAL WAY, SUITE 205 MIAMI, FL 33145 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:  | | | Date: 2/1/05 Daytime Phone #: 305-285-1031 | | |