FILED
Feb 16, 2005 8:00 am
Secretary of State
01-18-2005 90182 025 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000061723

1. Entity Name
BADUELL & RIEBER 4301 ICE2, LLC

30000445

Principal Place of Business	Mailing Address
1136 SOUTH DIXIE HWY CORAL GABLES, FL 33146 US	5600 COLLINS AV 8H MIAMI BEACH, FL 33140 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01072005 Chg-LLC CR2E083 (10/03)

4. FEI Number 30-0271659 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RIEBER, BERNARDO MR
5600 COLLINS AV
~~8H~~
MIAMI BEACH, FL 33140

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
17 A
City FL Zip Code

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 [signature] BERNARDO RIEBER 1-6-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 ☐ Delete RIEBER, BERNARDO MR 5600 COLLINS AV 8H. MIAMI BEACH, FL 33146	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 5600 COLLINS AV 17A MIAMI BEACH, FL 33140.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Delete BADUELL, JORGE MR 130 BUTTONWOOD DR KEY BISCAYNE, FL 33149	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEAR SIRS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	We only need to change Suite # from 8H → 17A and ZIP from 33146 → 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	on Member address.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT CHANGE MAILING ADDRESS, IT IS PERFECT!

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: [signature] 1-06-05 (786)326.7171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #