2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 18, 2005 8:00 am Secretary of State

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DOCU 1. Entity Nam LEGEND	ne	# L040000833		2 0	04-26-200					
Principal Place of Business 9990 S.W. 77TH AVENUE, SUITE 330 MIAMI, FL 33156-2661			Mailing Address 9990 S.W. 77TH AVENUE, SUITE 330 MIAMI, FL 33156-2661		10000000	8330			and the same	
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.		03292005	Chg-LLC	CR2E08:	3 (10/03)		
City & State			City & State			4. FEI Numb	0411828			plied For
Zip	Zip Country		Zip Count		try		O 4// 0 Z o	п \$	5.00 Add	fitional
	6. Name	and Address of Current R	legistered Agent		Name	7. Name an	d Address of New R	egistered Ag	ent	
MARGOLIS, JOHN A 9990 S.W. 77TH AVENUE, SUITE 330 MIAMI, FL 33156-2661			Street Address ((P.O. Box Numb	oer is Not Acceptable)			
·					City			FL	Zip Code	9
8. The above the obligat	named entity tions of regist	y submits this statement for tored agent.	the purpose of changing its	s registere	sd office or register	rod agent, or be	oth, in the State of Flo	rida. I am far	niliar with,	and accept
01011477106										
SIGNATURE	Signature, typed	or printed name of registered agent ar	nd trile if applicable. (NO	TE: Pegistera	d Agent signature required	d when reinstating)		DATE		
	Square lyped illing Fee i ue by May		rd title if applicable. (NO	TE: Proglatera	d Agent signature raquirec	d when reinstaling)		OATE check pay Departmen		•
				TE: Register a	d Agent signature required	d when reinstating)	Florida	check pay Departmen		
F		is \$50.00 y 1, 2005				d when reinstating)		check pay Departmen		Addition
9.	MGR ROBBIN.	IS \$50.00 y 1, 2005 MANAGING MEMBER	IS/MANAGERS	10.	: E	d when reinstating)	Florida	check pay Departmen	nt of State	
9. IITLE NAME	MGR ROBBIN.	MANAGING MEMBER JUAN G W. 33RD STREET	IS/MANAGERS	10. IITLE NAM STRE		d when reinstaling)	Florida	check pay Departmen	nt of State	
9. IITLE NAME STREET ADDRESS	MGR ROBBIN. 11105 N.V MIAMI, FL	MANAGING MEMBEF JUAN G W. 33RD STREET L. 33172	IS/MANAGERS	10. IITLE NAM STRE CITY	E E1 ADORESS -S1-ZIP	d when reinitating)	Florida	o check pay Departmen CHANGES	nt of State	
9. IITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS	MGR ROBBIN. 11105 N.Y MIAMI, FL MGR RIDENOU 1507 N.E.	MANAGING MEMBER JUAN G W. 33RD STREET L. 33172 JR, THOMAS L . 17TH AVENUE	IS/MANAGERS Delete	10. IITLE NAM STRE CITY THEE	E E1 ADORESS -S1-ZIP	d when revinitating)	Florida	o check pay Departmen CHANGES	t of State	Addition
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11. I hereby certify that the information supplied with this filling 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 it 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.

BIGNATURE AND TYPED OR PRINTED HAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Oats	Daytme Phone #	
SIGNATURE: Way J. Rolli	4-15.05	305-592-0763	