
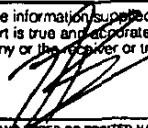


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

4/7

**FILED**  
**May 23, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90055 002 \*\*\*\*50.00

<b>DOCUMENT # L04000083538</b>			
1. Entity Name <b>LA POSE PROPERTIES, LLC</b>			
Principal Place of Business <b>1441 BRICKELL AVENUE SUITE 1014 MIAMI, FL 33131</b>		Mailing Address <b>1441 BRICKELL AVENUE SUITE 1014 MIAMI, FL 33131</b>	
2. Principal Place of Business <b>1441 BRICKELL AVE</b>		3. Mailing Address <b>1441 BRICKELL AVE</b>	
Suite, Apt. #, etc. <b>1400</b>		Suite, Apt. #, etc. <b>1400</b>	
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>	
Zip <b>33131</b>	Country <b>USA</b>	Zip <b>33131</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>ROBERT ALLEN LAW 1441 BRICKELL AVENUE SUITE 1014 MIAMI, FL 33131</b>		7. Name and Address of New Registered Agent Name <b>ROBERT ALLEN LAW</b> Street Address (P.O. Box Number is Not Acceptable) <b>1441 BRICKELL AVE</b> <b>SUITE 1400</b> City <b>MIAMI</b> FL <b>FL</b> Zip Code <b>33131</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR - PERALTA, ERNESTO 1441 BRICKELL AVE, SUITE 1014 MIAMI, FL 33131</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>mgr Peralta, Ernesto 1441 Brickell Avenue Ste 1400 MIAMI FL 33131</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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	<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	<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	<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	<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 member or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		Date <b>4/27/05</b> Daytime Phone # <b>305-370-3300</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

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01252005 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-2402279** Applied For  Not Applicable

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