## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT #L0400091005



FILED

2005 APR 21 PM 2: 09

TRG OASIS(TOWER ONE), LLC						SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Place of Business  2828 CORAL WAY PENTHOUSE SUITE MIAMI, FL 33145  Mailing Address  2828 CORAL WAY PENTHOUSE SUITE MIAMI, FL 33145				SUITE						
2. Principal P	lace of Business	3. Mailing Address						200		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		020	92005	Chg-LLC	CR2E08	3 (10/03)		
City & State		City & State			4. F	El Numbe	2033148	)		pplied For of Applicable
Zip	Country	Zip Cour		у	<b>5.</b> C	Certificate	of Status Desired		5.00 Add	litional
	6. Name and Address of Current		7. Name and Address of New Registered Agent Name							
HERNANDEZ, ANGEL 2828 CORAL WAY PENTHOUSE SUITE MIAMI, FL 33145				Street Address (P.O. Box Number is Not Acceptable)						
			-	City			_ <del></del>	FL	Zip Cod	е
	named entity submits this statement for ions of registered agent.	or the purpose of changing its re	egistered	d office or	registered age	ent, or bot	th, in the State of Flori	da. I am fa	niliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered	Agent signati	ure required when rei	nstating)	<del></del>	DATE		
Filing Fee is \$50.00 Due by May 1, 2005								check pay Departmen		е
9.	MANAGING MEMBERS/MANAGERS 10.						ADDITIONS/C	HANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	NAME STREET CITY-S	T ADDRESS ST-ZIP	MGR TRG 2828 MIGI	M OAS COR N. E	SIS (MASTE AL WAL L3314	R) LTC 1- PH	Change	Addition 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	T ADORESS ST-ZIP		·	Ţ	ĺ	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET CITY-S	T ADDRESS ST-ZIP		(E 05/:	:00054: 12/0501078		□ Change 23€ **1;	□ Addition 743.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET CITY-S	r address St-21P				I	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	i address St-zip					Change	Addition
TITLE NAME STREET ADDRESS ČITY-ST-ZIP		☐ Delete	CITY-S	!					Change	Addition
11. I hereby of	certify that the information supplied with	n this filling does not qualify for the	ne exem	ption stat	ed in Section 1	19.07(3)(	ı), Horida Statutes. I fi	unther certify	that the ir	ntormation

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 **ANCELS HERNANDEZ**08, Florida Statutes.

SIGNATURE: VICE-PRESIDENT SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**VICE-PRESIDENT**