2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000091237 04-29-2005 90063 045 ****50.00 1. Entity Name 1SW8855, LLC Principal Place of Business 30008453 Mailing Address 12900 S.W. 89TH COURT 12900 S.W. 89TH COURT MIAMI, FL 33176 MIAMI, FL 33176 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. Cha-LLC CR2E083 (10/03) Applied For City & State City & State 4. FEI Number Not Applicable Ζiρ Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FIELDSTONE, RONALD.R. Street Address (P.O. Box Number is Not Acceptable) 201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134 City 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 Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MGRM: ROLAND GARCIA JR. 12900 SW 89 COURT MIAMI, PL 33176 Change Pridition TITLE MORM TITLE Delete NAME NAME : TOU STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP TITLE ☐ Delete IIRE Addition NAME NAME STREET ACCORESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ACORESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Oelete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE C Deleta TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP, 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 609, Florida Statutes. ROLAND CARCIA TR SIGNATURE: E AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Jun 02, 2005 8:00 am

Secretary of State