2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007
Secretary of State

DOCUMENT# L05000057380

Entity Name: TV 304 NORTH, LLC

Current Principal Place of Business:

300 SEVILLA AVENUE
SUITE 201
CORAL GABLES, FL 33134

New Principal Place of Business:

444 BRICKELL AVE
51-250
MIAMI, FL 33131

Current Mailing Address:

300 SEVILLA AVENUE
SUITE 201
CORAL GABLES, FL 33134

New Mailing Address:

5805 BLUE LAGOON DR
SUITE 200
MIAMI, FL 33126

FEI Number: 20-3890393 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

AG CORPORATE SERVICES, LLC
300 SEVILLA AVENUE
SUITE 201
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

AG CORPORATE SERVICES, LLC
5805 BLUE LAGON DR
SUITE 200
MIAMI, FL 33126 US

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.

SIGNATURE: DOMINGO ALONSO 05/02/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SMEKE, ALFREDO
Address: 300 SEVILLA AVENUE, SUITE 201
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: SMEKE, ALFREDO
Address: 5805 BLUE LAGOON DR STE 200
City-St-Zip: MIAMI, FL 33126

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALFREDO SMEKE MGR 05/02/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date