


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90417 005 ****50.00

DOCUMENT # L05000065066	
1. Entity Name 35 WEST 15 STREET, LLC	

Principal Place of Business 1000 SOUTHWEST 95 AVENUE MIAMI, FL 33174	Mailing Address 1000 SOUTHWEST 95 AVENUE MIAMI, FL 33174
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20010546



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02232006 Chg-LLC CR2E083 (11/05)

4. FEI Number 262-06-6766	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NOSTRO, LOUIS 201 SOUTH BISCAYNE BLVD., SUITE 1500 MIAMI, FL 33131		Name <u>JOSE M. ALVAREZ</u>	
		Street Address (P.O. Box Number is Not Acceptable) <u>1000 SW 95 AVENUE</u>	
		City <u>Miami</u>	FL Zip Code <u>33174</u>

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 Jose M. Alvarez DATE 2/24/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<u>MGRM</u> <u>JOSE M. ALVAREZ</u> <u>1000 SW 95 AVENUE</u> <u>Miami, FL 33174</u>	
		<u>MGR</u> <u>MARIA G. ALVAREZ</u> <u>1000 SW 95 AVENUE</u> <u>MIAMI, FL 33174</u>	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 608, Florida Statutes.

SIGNATURE: Maria G. Alvarez DATE 2/24/06 (305) 411-9066

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #