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Secretary of State

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DOCUMENT # L05000098678				Secretary of State 05-11-2006 90018 016 ****50.00	
1. Entity Name 1005 BUILDING HIALEAH, LLC		Principal Place of Business 1005 EAST 49 STREET HIALEAH, FL 33019 US		Mailing Address 1005 EAST 49 STREET HIALEAH, FL 33019 US	
2. Principal Place of Business		3. Mailing Address 8758 SW 8 ST			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05082006 Chg-LLC CR2E083 (11/05)	
City & State		City & State Miami FL		4. FEI Number 20-4412411	
Zip		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PAVE, STEPHEN M 7600 RED ROAD SUITE 200 SOUTH MIAMI, FL 33143			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
MGR UZ, JOSE F 1005 BUILDING HIALEAH, FL 33019			MGR MORALES, ROGER 1005 BUILDING HIALEAH, FL 33019		
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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: _____ 5/8/06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					