2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: Y/VVV M1 "V WVV"

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPREBENTATIVE

FILED May 02, 2005 8:00 am Secretary of State

PRINCIPAL PRIZE OF SUMMARY SUMMARY STREET 2. Principal Place of Summes 7.24 SW ICS STREET 3. Mailing Address 7. Summary 7. Mailing Address 7. Mailing A	DOCUMENT # L9800000806 1. Entity Name AEGIS INVESTMENTS OF MIAMI, L.C.					^	05-02-2005 90	370 015 ****50	
Suit, April 4, set of South April 4, set of Suit April 4, set of Apri	Principal Plac	e of Business	Mailing Address						
Suit, April, and an and Address of Current Registered Agent South April, and a stee	12805 SW 84TH AVENUE ROAD		12805 SW 84TH AVENUE ROAD			•	140131	186	
Suit, April, and an and Address of Current Registered Agent South April, and a stee	2 Principal P	Tace of Business	3 Mailing Address						
SUITE 3 SUITE 4 SUITE 5 SUITE 4 SUI	7241 SW IGB STREET		7241 SW 168 STREET		•		(2500 1016 0019 0311 0311 0018 0	BUN 8231) 9018) BUN 88118 \$	
### AND PLANS PASSET AND PASSET PAS						04282005	Chg-LLC	CR2E083 (10/03)	
Zip 33157 USA	City & State		City & State					 	
1. Name and Address of New Registered Agent	Zip	Country	Zip					□ \$5.00 Add	ditional
Name				737		7. Name and	Address of New Rec		ю
Signal Address (P.O. Box Number is Not Acceptable) City FL Zip Code				Name			•		
B. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Filting Fee is \$50.00 Due by May 1, 2005 The Registered Agent septemble remarking) DATE	9300 S. DADELAND BLVD., SUITE 308			Street	Address (1	P.O. Box Numb	er is Not Acceptable)		
the obligations of registered agent. SIGNATURE Signature Sig				City				FL Zip Cod	le
Filling Fee is \$50.00 S. MANAGING MEMBERS/MANAGERS 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MMGR FRASER, LEWIS A 12805 SW 84TH AVENUE ROAD TITLE MMAKE, STREET ADDRESS STREET ADDRESS CITY-ST-2P TITLE MMAKE STREET ADDRESS CITY-ST-2P	6. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office of	r register	ed agent, or bo	th, in the State of Florid	da. I am familiar with,	and accept
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