

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000001957

FILED
Apr 02, 2005
Secretary of State

Entity Name: TELLURIDE HOLDINGS, L.C.

Current Principal Place of Business:

ONE ALHAMBRA PLAZA
SUITE 1410
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

ONE ALHAMBRA PLAZA
SUITE 1410
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-0865944

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALPETER, SCOTT E
ONE ALHAMBRA PLAZA
SUITE 1410
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: CASSEL, JAMES S
Address: ONE ALHAMBRA PLAZA, SUITE 1410
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: SALPETER, SCOTT E
Address: ONE ALHAMBRA PLAZA, SUITE 1410
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: STEINER, BARRY E
Address: ONE ALHAMBRA PLAZA, SUITE 1410
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SCOTT E. SALPETER

MGRM

04/02/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date