

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000002390

Entity Name: 2915 HOLDINGS, L.C.

FILED
Apr 28, 2005
Secretary of State

Current Principal Place of Business:

2915 BISCAYNE BLVD.
SUITE #304
MIAMI, FL 33137

New Principal Place of Business:

730 N.W. 107 AVENUE
SUITE #117
MIAMI, FL 33172

Current Mailing Address:

2915 BISCAYNE BLVD.
SUITE #304
MIAMI, FL 33137

New Mailing Address:

730 N.W. 107 AVENUE
SUITE #117
MIAMI, FL 33172

FEI Number: 65-0873528

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAIRD, JUD
2915 BISCAYNE BLVD.
SUITE #304
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

LAIRD, JUD
730 N.W. 107 AVENUE
SUITE #117
MIAMI, FL 33172 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: JUD LAIRD

04/28/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: SCHIEHLE, TILDA
Address: 767 5TH AVENUE, 50TH FLOOR
City-St-Zip: NEW YORK, NY 10153

Title: MGR () Delete
Name: LAIRD, JUD
Address: 2915 BISCAYNE BLVD. - SUITE #304
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: LAIRD, JUD
Address: 730 N.W. 107 AVENUE #117
City-St-Zip: MIAMI, FL 33172

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: JUD LAIRD

MGRM

04/28/2005

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