


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90046 039 ****50.00

DOCUMENT # L99000001137		
1. Entity Name NATIONAL SUITES, L.L.C.		

Principal Place of Business 155 SOUTH MIAMI AVENUE, SUITE PH-2A MIAMI, FL 33130	Mailing Address 155 SOUTH MIAMI AVENUE, SUITE PH-2A MIAMI, FL 33130
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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04272005 Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0890467	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BLAXBERG, GRAYSON & SINGER, P.A. 25 S.E. 2ND AVENUE, SUITE 730 MIAMI, FL 33131

7. Name and Address of New Registered Agent Name <u>Jeff Krinsky</u> Street Address (P.O. Box Number is Not Acceptable) <u>155 South Miami Avenue</u> City <u>Miami</u> FL Zip Code <u>33130</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 <u>Jeff Krinsky</u> Signature, typed or printed name of registered agent and title if applicable.	DATE <u>4-27-05</u> (NOTE: Registered Agent signature required when reinstating)
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Filing Fee is \$50.00 Due by May 1, 2008	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	MGRM JUSTICE INVESTMENT ASSOCIATES, LTD. 155 SOUTH MIAMI AVENUE, SUITE PH-2A MIAMI, FL 33130 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Jeff Krinsky</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE <u>4-27-05</u> Date	DAYTIME PHONE # <u>305-374-5455</u> Daytime Phone #
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