2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L99000005506 02-21-2005 90174 035 ****50.00 1. Entity Name 7331 COLLINS AVENUE, LLC Principal Place of Business Mailing Address 20013116 210 - 71 STREET SUITE 309 210 - 71 STREET SUITE 309 MIAMI BEACH, FL 33141 MIAMI BEACH, FL 33141 2. Principal Place of Business Mailing Address Financial Maza Suite, Apt. #, etc. 02102005 Chg-LLC CR2E083 (10/03) Applied For City & State 4. FEI Number 65-0947392 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PIOTRKOWSKI, JOEL S ESQ Street Address (P.O. Box Number is Not Acceptable) 317 71ST STREET MIAMI BEACH, FL 33141 City Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee Is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES **MGRM** TITLE ☐ Delete TITLE ☐ Change ☐ Addition YEHEZKEL, HAIM NAME NAME STREET ADDRESS 210 - 71 STREET #309 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33141 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Detete IIILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 be caused the receiver or trustee.

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Feb 21, 2005 8:00 am

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