2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT FILED Apr 11, 2005 08:00 AM Secretary of State DOCUMENT # L99000005507 1. Entity Name CHORSI HOLDINGS L.L.C. Principal Place of Business Mailing Address 111 NE FIRST STREET, SUITE 300 111 NE FIRST STREET, SUITE 300 MIAMI, FL 33132 MIAMI, FL 33132 04072005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 65-0949044 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CHORSI, REZA 111 N.E 1ST . #300 MIAMI, FL 33132 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGR TITLE CHORSI, REZA NAME STREET ADDRESS 111 N.E 1ST ST. #300 U00000299799 CITY-ST-ZIP MIAMI, FL 33132 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TOPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS CITY-ST-ZIP

4-8-05

305 374 3004

Daytime Phone 4