2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED HAVE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

ANNUAL REPORT							050		<u>'</u>
DOCUMENT # M0200003208 1. Entity Name COLEMONT MIAMI LLC					α	ìZ	OS F.		
Principal Place of Business 2333 PONCE DE LEON BLVD., SUITE R200 CORAL GABLES, FL 33134		Mailing Address 2333 PONCE DE LEON BLVD., SUITE R200 CORAL GABLES, FL 33134		00					
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02252005	Chg-LLC	CR2E083	3 (10/03)	
City & State		City & State			4. FEI Number Applied For 20-0335254 Not Applicable				
Zip	Country	Zip	Country			of Status Desired		5.00 Addit	ional
	6. Name and Address of Current F	legistered Agent		7. Name and	Address of New	Registered Ag	ent		
C T CORPORATION SYSTEM				Name					
1200 SOUT	TH PINE ISLAND ROAD ON, FL 33324	Street Address (P.O. Box Number is Not Acceptable)				
			City	FL Zip Code					
			office or registered agent, or both, in the State of Florida. I am familiar with, and accept						
the obligations of registered agent.									
SIGNATURE									
Filing Fee is \$50.00						· / Ma	ke check pay	able to	: .
Due by May 1, 2005						Florid	la Departmer	nt of State	*. *.
9.	MANAGING MEMBER		10.	Mana	wise ni		/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P XXDelete IIII ROSS, JAMES C NA 2859 PACES FERRY RD STE 1500 STE ATLANTA, GA 30339 CIT			Managing Director Miguel Angel Gonzalez Arrete 2333 Ponce de Leon Blvd., Ste. R200 Coral Gables, FL 33134					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Delete TITI KATH, MARSHALL 3100 MONTICELLO AVE STE 600 DALLAS, TX 752053439 TITI NA STR CIT			Suri 2nd	President				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO KELLER, JOY 3100 MONTICELLO AVE STE 600 DALLAS, TX 752053439			Xime 2333	Controller & Asst. Sect. Change Maddition Ximenia Saenz 2333 Ponce de Leon Blvd., Ste. R200 Coral Gables, FL 33134				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME 'STREET ADDRESS CITY-ST-ZIP	Kell 2nd	retary ly L. Ga Floor, denhall	ves Rear Sect Street, L	ion, 14	□ Change 5/146 C3	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	Assi Mich 3100	istant S nael Mah	ecretary an ello, Sui		Change	Addition
TITLE NAME STREET ALORESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Ö	00047 18/05010	786 7: 07016	Change 3 = 0 **50.	☐ 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.									

2/25/2005

Date

214.561-7000

Daytime Phone #