

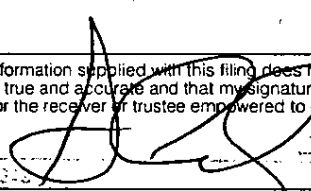


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90567 020 ****55.00

DOCUMENT # M03000003995					
1. Entity Name TECTON MANAGEMENT SERVICES COMPANY, LLC					
Principal Place of Business 300 BISCAYNE BLVD. WAY, SUITE 1100 MIAMI, FL 33131			Mailing Address 300 BISCAYNE BLVD. WAY, SUITE 1100 MIAMI, FL 33131		
2. Principal Place of Business 1101 Brickell Ave Suite, Apt. #, etc. 1400		3. Mailing Address Same Suite, Apt. #, etc. Same			
City & State Miami, Florida		City & State Same		4. FEI Number APPROVED FOR 20-028222	
Zip 33131		Country USA		Zip Same	
Country USA		Country Same		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JACQUELINE DEL CRISTO MINGES, ESQ. 3001 S.W. 3RD AVENUE MIAMI, FL 33129			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILLARD, RICHARD 300 BISCAYNE BLVD. WAY, SUITE 1100 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same Same 1101 Brickell Ave, Suite 1400 Miami, Florida 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEAL, RAUL 300 BISCAYNE BLVD. WAY, SUITE 1100 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same as above	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SIBLEY, PETER 300 BISCAYNE BLVD. WAY, SUITE 1100 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same as above	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUFF, GEORGE 300 BISCAYNE BLVD. WAY, SUITE 1100 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same as above	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARRILLO, DOUGLAS 300 BISCAYNE BLVD. WAY, SUITE 1100 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same as above	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
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:  VP Finance 5/12/04 305-577-8484					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					