

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90020 004 \*\*\*\*50.00

<b>DOCUMENT # M03000004226</b>					
<b>1. Entity Name</b> WI ASSOCIATES, LLC					
<b>Principal Place of Business</b> 7900 ISLAND BLVD. AVENTURA, FL 33160			<b>Mailing Address</b> 7900 ISLAND BLVD. AVENTURA, FL 33160		
<b>2. Principal Place of Business</b> 4000 ISLAND BOULEVARD Suite, Apt. #, etc. PH 2		<b>3. Mailing Address</b> 4000 ISLAND BOULEVARD Suite, Apt. #, etc. PH 2			
<b>City &amp; State</b> AVENTURA, FL		<b>City &amp; State</b> AVENTURA, FL		04262004    Chg-LLC    CR2E083 (10/03)	
<b>Zip</b> 33160		<b>Country</b> USA		<b>4. FEI Number</b> 65-1086449	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b> SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ISLAND BOULEVARD HOLDINGS, LLC 7900 ISLAND BLVD. AVENTURA, FL 33160	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ISLAND BOULEVARD HOLDINGS, LLC 4000 ISLAND BOULEVARD, PH 2 AVENTURA, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<b>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.</b>					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			ALAN MATUS    04-28-04    (305) 937-7826 Date    Daytime Phone #		