2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M03000004238

1. Entity Name 2800 ISLAND BOULEVARD, LLC



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

05-04-2004 90020 005 ****50.00

| Principal Place of Business | | | | Mailing Address | | | _ | | |
|---|------------------|--------------------|---|--|-------------------------------|---|---|--|--|
| 7900 ISLAND BLVD. AVENTURA, FL 33160 | | | 7900 ISLAND BLVD. AVENTURA, FL 33160 | | | ezansasa | | | |
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| 2. Principal Place of Business | | | | 3. Mailing Address | | | | | |
| 4000 Island Balevard | | | <u> </u> | 4000 Island Daylerard | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt, #, etc. | | | 04272004 Chg-LLC CR2E083 (10/03) | | | |
| City & State | | | City & State | | | 4. FEI Number Applied For | | | |
| Avendura, FL | | | Avendura, FL | | | 65-1086449 Not Applicable | | | |
| | Zip Country 45A | | | 33160 USA | | | 5. Certificate of Status Desired Fee Required | | |
| 6. Name and Address of Current | | | <u> </u> | | | 7. Name and Address of New Registered Agent | | | |
| CORPORATION CERVICE COMPANY | | | | | Name | Name : | | | |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET | | | | | Street | Address (| (P.O. Box Number is Not Acceptable) | | |
| TALLAHASSEE, FL 32301-2525 | | | | | | | | | |
| | | | | | | | | | |
| | | | | | City | | FL Zip Code | | |
| 8. The above named entity submitts 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 | egistered agent a | and title if applicable. (NOTE: | Registered Agent sign | ature required | ed when reinstating) DATE | | |
| | | | | | | - | | | |
| | | | | | | | Make check payable to | | |
| , | ue by ma | 7 1, 2004 | | | | | Florida Department of State | | |
| 9. | | MANAG | ING MEMBER | RS/MANAGERS | 10. | | ADDITIONS/CHANGES | | |
| TITLE | MGRM | OUI EVADE | LIOI DINO | Delete | TITLE | HGR | | | |
| NAME ISLAND BOULEVARD HOLDING STREET ADDRESS 7900 ISLAND BLVD. | | | S, ELC | NAME STREET ADDRESS | 7210 | and Bouleward Holdings, LLC so Island Bouleword Apt. PH2 | | | |
| CITY-ST-ZIP | | RA, FL 3316 | 30 | | CITY-ST-ZIP | | intura, FL 33160 | | |
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| ļ | | | | | 0111-51-41F | 1 | | | |
| | ertify that th | e information | supplied with | this filing does not qualify for | the exemption of | tated in Ca | Section 119 07(3)(i) Florida Statutas I further certify that the information | | |
| indicated | on this repo | rt is true and a | accurate and | that my signature shall have th | ne same legal ef | fect as if r | Section 119.07(3)(i), Florida Statutes. I further certify that the information made under oath; that I am a managing member or manager of the state 608. Florida Statutes | | |
| indicated | on this repo | rt is true and a | accurate and | this filing does not qualify for that my signature shall have the empowered to execute this re | ne same legal ef | fect as if r | made under oath; that I am a managing member or manager of the | | |

SIGNATURE: Alan Markes 4-28-04 305-931-1826
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayline Phone #