2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005
Secretary of State

DOCUMENT# M04000001985

Entity Name: CIUDAD PERDIDA, LLC

Current Principal Place of Business:

2049 CENTURY PARK EAST, STE 2700
LOS ANGELES, CA 90067

New Principal Place of Business:

360 N. CRESCENT DR.
SOUTH BUILDING
BEVERLY HILLS, CA 90210

Current Mailing Address:

2049 CENTURY PARK EAST, STE 2700
LOS ANGELES, CA 90067

New Mailing Address:

360 N. CRESCENT DR.
SOUTH BUILDING
BEVERLY HILLS, CA 90210

FEI Number: 20-1045854 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: GORES, TOM T
Address: 2049 CENTURY PARK EAST, STE 2700
City-St-Zip: LOS ANGELES, CA 90067

Title: MGR ( ) Delete
Name: GARCIA, ANDY
Address: 4519 VARNA AVE
City-St-Zip: SHERMAN OAKS, CA 91423

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: GORES, TOM T
Address: 360 N. CRESCENT DR., SOUTH BUILDING
City-St-Zip: BEVERLY HILLS, CA 90210

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: EVA M. KALAWSKI S 04/19/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date