2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Aug 19, 2005 8:00 am Secretary of State 08-19-2005 90089 050 ****50.00

Russell Galbut, Trustee, RF Business Trust,

ING MANAGING MEMBER, MANAGER, OR AUTHORI Member 08/03/05 (305) 374–5700

DOCUMENT # M0400003367 1. Entity Name CHANNELSIDE DEVELOPMENT HOLDINGS, LLC							08-19-2005 9	90089 050) ****5	0.00	
Principal Place of Business 2930 BISCAYNE BLVD. MIAMI, FL 33137			Mailing Address 2930 BISCAYNE BLVD. MIAMI, FL 33137								
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			07222005	Chg-LLC	CR2E083	(10/03)		
City & State			City & State			4. FEI Numb	er 20-150472		Not	plied For t Applicable	
Zip	Country		Zip	Coun	try		of Status Desired	- Fe	5.00 Addi e Required		
	6. Name	and Address of Current I		7. Name and Address of New Registered Agent Name							
NRAI SER 2731 EXEC	•	IC. ARK DRIVE		Street Address (P.O. Box Number is Not Acceptable)							
SUITE 4 WESTON,	FL 3333	1									
_				_	City			FL	Zip Code	•	
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 Signature, typed or printed name of registered agent and tide of applicable. (NOTE: Registered Agent signature required when reinstating) OATE											
Filing Fee is \$50.00 Due by September 7, 2005								check pay Departmen		,	
9.		MANAGING MEMBE				ADDITIONS/0					
NAME STREET ADDRESS CITY-ST-ZIP	1	NESS TRUST CAYNE BLVD. 33137	☐ Delete						Change	☐ Addition	
TITLE NAME STREET ADDRESS	MGRM RF BUSIN	NESS TRUST CAYNE BLVD.			EET ADDRESS				Change	☐ Addition	
CITY-ST-ZIP TITLE	MIAMI, FI	_ 33137	☐ Delete		-ST-ZIP E			C	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		998 FAMILY TRUST CAYNE BLVD. L 33137			EET ADORESS '-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	CITY	AE EET ADDRESS (-ST-ZIP				Change	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 add that my signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver of thus ee empowered to execute this report as required by Chapter 608, Florida Statutes.											