2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Aug 15, 2005 8:00 am Secretary of State

1. Entity Nam	MENT # M0400000					08-15-2005	90035 05	0 ****5().00
Principal Plac 2930 BISCAY MIAMI, FL 3	(NE BLVD.	Mailing Address 2930 BISCAYNE BLVD. MIAMI, FL 33137			1 10017011 211	Pain Giall Pain Jen) Pr	141 BB231 BB181 B13	rı birêl rêlit Gif	zai mi izəi
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08032005	Chg-LLC	CR2E08	3 (10/03)		
City & State		City & State			4. FEI Numbe				plied For t Applicable
Zip Country		Zip	Zip Country		5. Certificate of Status Desired S5.00 Additional Fee Required				
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New F	Registered A	gent	
	VICES, INC. CUTIVE PARK DRIVE		}	Name Street Address (P.O. Box Number	er is Not Acceptable	e)		
SUITE 4 WESTON,		-					·		
1			Ì	City	• • • • • • • • • • • • • • • • • • • •		FL	Zip Code	•
	named entity submits this statement for ions of registered agent.	r the purpose of changing its	registered	d office or register	red agent, or bot	th, in the State of Flo		 miliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered	Agent signature required	I when reinstating)		DATE		
Filing Fee is \$50.00 Due by September 7, 2005									
Fil Due I	ling Fee is \$50.00 by September 7, 2005						ce check pa a Departme		,
Fil Due I	ling Fee is \$50.00 by September 7, 2005 MANAGING MEMBE	RS/MANAGERS	10.				a Departme		,
9.	by September 7, 2005 MANAGING MEMBE MGRM	RS/MANAGERS Detete	TITLE	¹ MGN	ИR	Florid	a Departme		→ Addition
9. IIILE NAME	MANAGING MEMBE MGRM KAHN, SONNY TRUSTEE		TITLE NAME	SK B	usiness Tru	Florid ADDITIONS St	a Departme	nt of State	
9.	MANAGING MEMBE MGRM KAHN, SONNY TRUSTEE 2930 BISCAYNE BLVD.		TITLE NAME	SK B TADDRESS 2930	usiness Tru Biscayne B	ADDITIONS st oulevard	a Departme	nt of State	
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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 of the receiver or truetee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ____

Russell Galbut, Trustee RF Business Trust, Member 08/02/05 (305) 374-5700